01.08.16

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

DOUBLE DELIGHT: Ana Cortez, left, and Susan Martinez with newborns Lorenzo and Grady

Sisters celebrating cousins: Baby boys born hours apart

TWO SISTERS received the ultimate gift during the holiday season. Susan Martinez, 24, and Ana Cortez, 32, both delivered baby boys at the MGH on Dec. 28, both by way of cesarean section, and just under four hours apart.

"It just happened that we were pregnant at the same time," says Cortez. "I told Susan first and after that she started to have pregnancy symptoms. I said, 'I'm pregnant, are you pregnant?' And she said no. Then she took the test and she was!'"

Cortez's son, Lorenzo Revolorio, was born at 10:30 am weighing almost 10 pounds. Martinez's son, Noah, was born at 2:01 pm weighing 8 pounds, 8 ounces.

"I was shocked," says Martinez, who also has a daughter, Zayanni, 6. "I thought it was weird, but we're already texting each other from our rooms to see what's going on, and checking in to see how the babies are doing."

(Continued on page 4)

Car-free commuting

WALKING. Running. Bicycling. Taking public transportation. Commuting to work doesn't have to mean being stuck in a car in bumper-to-bumper traffic every day. Many commuters avoid driving, choosing instead to log some miles of physical activity on their commute. Two MGHers who opt for exercise recently were honored with Workout to Work Awards from A Better City Transportation Management Association (ABC TMA) for Most Car Free Days to Work.

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MOST CAR FREE: From left, Bonnie Michelman, director of Police and Security; Sanidas; Shiavo-White; Maycock-Thorne; and Michael Neville, senior manager of finance for Parking and Commuter Services

Donate life: Honoring organ donors at the Rose Parade

KEVIN SULLIVAN loved performing magic tricks. For one trick, he needed to borrow a friend's license, and he spotted a little red heart in the corner. "'What's that?' he asked," says Debbie Sullivan, Kevin's mother. "After learning what it represented, he immediately declared 'well of course I'd be an organ donor. I'm awesome! My organs are awesome!'"

In September 2014, Kevin fell from a ladder at work, suffered severe brain trauma and passed away at age 31. But as he did throughout his life, he continued to give back to others through the gift of organ donation. At this year's Rose Parade in Pasadena, California, a floragraph of Kevin – an MGH organ donor – adorned the Donate Life Rose Parade Float.

Kevin's floragraph was one of 60 representing organ donor honorees on this year's float, recognizing the valuable treasure of the gift of life each donor has given. Only organic materials – such as spices, seeds and crushed flowers – were used to create the floragraphs. The theme of the 2016 Rose Parade was "Find Your Adventure" and Donate Life's float was named "Treasure Life's Journey."

Because of Kevin's organ donations, a 2-year-old boy is running and playing after receiving Kevin's right kidney, the man who received his left kidney and liver is thriving, and his heart recipient was able to walk five miles just nine months after transplant. Kevin's tissue, corneas and bones have helped many others.

Also on the float was a handwritten dedication from Peter L. Slavin, MD, MGH president. Every year a message from the MGH is placed in a dedication garden on the float to honor and remember those who gave the gift of life through organ donation. The dedication read:

"With this rose dedication, MGH publically recognizes the selfless gift of donors and their families and our staff's dedication and commitment to organ and tissue donation and transplantation. We are honored to be a part of the 2016 Rose Parade Celebration."

Debbie and her husband David were invited by the New England Organ Bank to attend the Rose Parade and they and their daughters, Kerrie and Katie, traveled to California to watch in the grandstands as the float traveled down Colorado Boulevard.

"When we were notified in July that Kevin would be honored on the float, we were amazed and grateful just to be asked, we had no idea this was a possibility," says Debbie. "It is such a tremendous honor and a moving and wonderful tribute. Kevin would be proud knowing he represented the New England donors at the Rose Parade."

More than 28,000 lives are saved each year in the U.S. through the gift of organ donation, giving hope to the more than 120,000 people awaiting a lifesaving organ transplant. In New England, more than 5,100 people are on the waiting list.

A FLORAL REMEMBRANCE: The Sullivan family with Kevin's finished floragraph, which was on the float New Year's Day. Right, the rose with handwritten inscription that was part of the float's dedication garden.

EXERCISING OPTIONS: The new ellipticals at the CCRP

New year, new equipment: Stay fit at the Clubs at Charles River Park

WITH THE DAWN of a New Year comes with it New Year's resolutions. The Clubs at Charles River Park (CCRP) is ready for those who are hoping to work on their fitness. With new and improved equipment and membership options, gym-goers can give their resolutions their all this year.

In preparation for the New Year, CCRP put in motion plans to replace some of their cardio machines with new models. New ellipticals have already arrived and are ready for use, and new treadmills will be arriving in the coming months.

Cliff Seeto, CCRP general manager, shared a few points for MGHers to be aware of:

- New treadmills, equipped with personal televisions and internet access, will be arriving in the first quarter 2016.
- The Clubs is offering January and February free to any MGH employee who joins in January with a 6-month commitment.
- MGH memberships now start at $6.69/week ($29/month) for 10-visit access (previously 8-visits). Unlimited memberships are $11.29/week ($49/month).
- The Clubs introduced new 30-minute Tabata classes this month, included with all memberships.
- Group training classes are available to all members of the MGH community, with or without a club membership.

"We will be emphasizing our 10-visit option, as well as our group training programs in the coming year," says Seeto. "We're excited about the new cardio equipment and maintain our focus on providing great employee fitness programming options at the MGH." ■

Lessons in nursing: NICU nurse welcomes twins

"I ALWAYS KNEW how hard the staff worked to keep our patients growing and healthy," says Candice Hartford, RN. "But what I hadn't appreciated was the extent to which that affects a new mom."

As a pregnant nurse on the Neonatal Intensive Care Unit (NICU), Hartford had planned to continue to care for premature and critically ill infants until her own twins were due in November 2015. She never imagined the possibility that an early, emergency cesarean section would bring her newborns to her floor for care.

On a routine prenatal visit, however, physician Julie Jolin, MD, became concerned by Hartford's elevated blood pressure. She recommended a betamethasone injection and further monitoring for Hartford and the babies – and soon the infants' heart rate dips became the unnerving focus. After years of experience treating others, Hartford knew something was not right and began experiencing the fears she guides patients through as a nurse.

BROTHERLY LOVE: Twins Keaton and Grady rest beside each other under the caring watch of the NICU nursing team

On Sept. 22, 2015, Hartford contacted her husband, Kenny, who hurried to the MGH and called night-shift colleagues Margaret Nelson, RN, and Cheryl Slater, RN, – the same group who had hosted Hartford's baby shower weeks before. Within hours, Hartford was rushed to the operating room for an emergency cesarean section. Keaton, 4 pounds, and Grady, 3 pounds, arrived 6 ½ weeks early surrounded by loved ones.

Throughout the newborns' three-week hospital stay – which included neonatal care by MGH neonatologists Jonathan Cronin, MD, and Melissa Woythaler, DO, as well as respiratory specialists to ensure Keaton and Grady were maturing and growing – Hartford remained calm. "The staff's attention to small details, like weight gain updates or when a baby smiles, comforts nervous parents. My friends paused to teach Kenny techniques he'd need to know when we finally could take our boys home. That meant everything," says Hartford.

She says she had faith in the NICU team and understood their work from the provider perspective. With her family safe, she didn't need to think as a nurse, but as a mom.

"Even though the delivery of the twins was unexpected, the entire NICU team was able to rally around Candice and provide excellent comprehensive care to Keaton, Grady and the family, as we do for any patient we care for," says Cronin.

Hartford will put these lessons into practice in January when she returns to her job in the NICU. "These have been trying months, but my colleagues – who are more like family – have been extremely supportive. They've taught me how to be a better nurse, but most importantly, they've provided the best care for the most important little people in my life. I know that I am a better NICU nurse because of my personal experience." ■

'What matters in the end'

DECEMBER marked five years since the launch of the Robert Leffert, MD, Memorial Lecture: Living Well in the Face of Serious Illness. The annual talk, on Dec. 16 in the O'Keeffe Auditorium, featured Atul Gawande, MD, MPH, a surgeon at Brigham and Women's Hospital, and nationally known author and public health researcher. Gawande presented "Being Mortal: Medicine and What Matters in the End."

The lecture series was created to honor Leffert, who served as chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit before his death in 2008. It is made possible through the support of Leffert's daughter, Lisa Leffert, MD, chief of Obstetric Anesthesia, and her husband, Lee Schwamm, MD, executive vice chairman of Neurology and director of Acute Stroke Services.

During her welcoming remarks, Vicki Jackson, MD, MPH, chief of the Division of Palliative Care, thanked the Leffert/Schwamm family for their dedication to supporting and advancing the field of palliative care. "This lecture is a vital part of our programming for the year and it allows us to bring national leaders like Atul to engage our community in conversation."

LEFFERT LECTURE: From left, Jackson, Gawande, Schwamm and Leffert

— Transportation award

(Continued from page 1)

"I bike to commute to work every morning and back home every evening – about 10 miles per day. I love biking because it saves me a lot of time and keeps me fit," says Ioannis Sanidas, a research fellow in the MGH Cancer Center, recipient of Most Car Free Days Bicycling Award.

Sanidas – who lives near Harvard Square and works in Charlestown – would face more than an hour-long commute by bus, train or car. So for 212 days last year, he biked to work, which takes him at most 30 minutes. Bicycle parking is available at many hospital buildings for employees. Sanidas says, "MGH really made an effort to motivate employees to bike by installing bike parking lots and bike repair stations last year."

Getting to the MBTA bus stop in Dorchester became difficult last winter for Catherine Schiavo-White, of the Department of Orthopædics, awarded the Most Car Free Days and Most Miles Walked Award. "I started walking more last winter after all the snowstorms because the buses were running very slowly. I have just kept it up because I really enjoy the daily walk," she says. Schiavo-White now walks to and from the train station, about two miles round-trip. "I only use my car on the weekends. I try to walk to most places I have to go after work or on the weekends. Walking is good exercise."

The MGH also received ABC TMA's Outstanding Large Employer award. In addition to the subsidized MBTA pass purchase program, the hospital offers an array of commuting services as a member of the ABC TMA. MGH employees have free access to the benefits offered by ABC TMA, such as the Workout to Work and carpool and vanpool subsidies. "By participating in these benefits, not only do employees win awards, but the MGH and the environment also wins," says Esther Maycock-Thorne, manager of Parking and Commuter Services. "Our goal is to provide alternative choices rather than driving to work."

Hospital employees who don't drive to work also can sign up for the Guaranteed Ride Home program. In case of unscheduled overtime, illness or an emergency, this program provides up to six free cab rides home per year. Visit *www.abctma.com/commuters* for more information and to register.

"I don't use my bike only when it is extremely cold or it is raining heavily," says Sanidas. "I really like the ABC TMA program. It is an extra motivation to bike to work. I hope my story can serve as extra motivation for my colleagues to commute to work by bike as well."

PATIENT SAFETY AWARENESS WEEK
MARCH 13TH-19TH, 2016
Speak up for
SAFETY
Nominate a Safety Star!
Nomination period is December 14th to January 16th.
Do you know an employee who proactively speaks up for patient safety?
This person goes above and beyond their regular job duties to demonstrate a true commitment to patient safety and promotes high quality care.
Tell us about this employee, and why this "nominee" should be selected and honored as a 2016 Patient Safety Star!
Scan the barcode to start the nomination process now!
Or visit https://www.surveymonkey.com/r/PSAW-2016 from your email announcement
Contact CQS with any questions, 617-726-9282
MASSACHUSETTS GENERAL HOSPITAL
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION
EDWARD P. LAWRENCE CENTER FOR QUALITY & SAFETY

— Sisters celebrating cousins

(Continued from page 1)

As for how frequently this circumstance occurs at the MGH, Martinez's physician, Lauren Hanley, MD, of the Obstetrics and Gynecology Department, says this is the first time she has seen sisters have their babies on the same day in her 15 years working at the hospital.

"I found out a couple of months before the scheduled delivery date that Susan's sister was also planning her cesarean birth on the same day and was also a patient in our practice," says Hanley. "We thought this was very exciting and unusual. I was not aware that the cousin was a boy, but we talked about how unique it is for cousins to be born in the same hospital just hours apart."

Cortez says it was nice to go through her pregnancy with her sister, and she and Martinez couldn't wait to see what their babies would look like. The family is already close – Martinez babysat her sister's other two children, Andrea, 9, and Julissa, 4, until it was time for her to give birth to her own bundle of joy. The sisters say the newest additions will strengthen that bond.

"We go camping a lot, so they'll go together, and they'll share everything," says Cortez. "As for everything else, we'll wait and see what happens." ■

MASSACHUSETTS GENERAL HOSPITAL
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MGH HOTLINE

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GIVING THANKS: The My Giving Helps campaign thanks the MGH community for its continued support of the MGH Fund and United Way.

2015 My Giving Helps campaign sets new record

WITH THE CLOSE OF 2015 and the welcoming of the new year, the My Giving Helps: The MGH Fund + United Way employee campaign closed its season with extraordinary success. Employees have proven their dedication and generosity once again, raising a record-breaking $1.1 million for the MGH Fund and United Way from more than 5,000 donors.

Led by 2015 campaign lead co-chairs David Brown, MD, chief of Emergency Medicine, and Harry Orf, PhD, senior vice president for Research, the campaign season featured a coffee giveaway, United Way cookie sales, "Blue and Orange" prize spotting and backpack assembly stations for children in need of school supplies. These events aimed to engage employees, increase campaign awareness and encourage the philanthropic culture that the MGH strives for each day.

Raising more than $1 million for the fourth year in a row, the MGH Fund and United Way are able to continue supporting vital hospital programs and initiatives and provide much needed assistance to 170 organizations in the Boston area.

To learn more about the campaign or to make a donation, visit *www.mygivinghelps.org*. Keep up-to-date on campaign happenings by following My Giving Helps on Facebook. ■

MGPO welcomes new medical director

MARCELA G. DEL CARMEN, MD, MPH, of the Department of Obstetrics and Gynecology, has been named the new MGPO medical director, starting Feb. 1. She is taking over this responsibility from Alexa Kimball, MD, who has been medical director since 2014.

For the past few years, del Carmen has worked as the clinical director of the Division of Gynecologic Oncology in the Vincent Department of Gynecology and Obstetrics, and is a professor of Obstetrics, Gynecology and Reproductive Biology at Harvard Medical School. She first came to the MGH in 1999 for her fellowship training in gynecologic oncology, after graduating from Johns Hopkins School of Medicine and completing her residency in Gynecology and Obstetrics at Johns Hopkins Hospital.

"I am very excited to serve the MGPO physicians in this new role and to work with the MGPO and MGH leadership to continue to provide the highest quality of care for our patients,

(Continued on page 3)

DEL CARMEN

AID TO ARKANISTAN:
The MGH team at earthquake response training simulation in Arkansas

MGH team deploys to disaster response simulation

HISTORIC RAIN and tornado warnings weren't enough to deter a team from the MGH Center for Global Health's Office of Disaster Response from attending a training simulation in Little Rock, Arkansas on Nov. 18-23. The simulation, hosted by International Medical Corps (IMC) – with which the center often deploys in disaster situations – was designed to practice the launch of a Trauma Surgical Deployment Unit (TDSU) to assist earthquake victims in a fictitious country known as "Arkanistan."

The MGH team, led by Hilarie Cranmer, MD, MPH, the office's director, and Miriam Aschkenasy, MD, MPH, its deputy director, included 21 staff members representing various specialties in the hospital including surgery, medicine, nursing and pharmacy, with additional support from nurse practitioners, operating room technicians and laboratory staff.

"This event was designed to be as close to a real-world situation as humanly possible," says Cranmer. "Our team lived out of their backpacks, slept in tents and worked under conditions that were very uncomfortable. Working long hours with little sleep and limited resources can be typical in these situations, so it was a good opportunity for the group to have this practice."

Establishing a fully functioning field hospital like a TDSU is more than simply erecting and equipping a structure. International aid agencies and disaster response professionals recognize that fully-functioning, professional response teams that can operate and maintain a facility effectively are critical. As participants, the MGH team practiced not only administering care to a local population reeling from a natural disaster, but with individual patients each with their own cultural and personal challenges.

"We're so proud of the way our team performed," says Aschkenasy. "Whether it was traveling late at night, traipsing through swamps or working with challenging 'patients,' we were there to learn and contribute as much as we could to the exercise – which makes us all better."

Lifestyle medicine clinic opens for cancer patients

UNDER THE DIRECTION of Elizabeth O'Donnell, MD, oncologist in the MGH Cancer Center and associate director of the Cancer Center's Survivorship Program, the Lifestyle Medicine Clinic recently launched at the MGH and MGHWest in Waltham. In addition to the cardiovascular health, mood and weight-control benefits of exercise, there is growing evidence that it helps cancer patients both during treatment and afterward.

"We know with breast cancer, for example, that those who meet the recommended 150 minutes of moderate intensity exercise weekly have a 50 percent lower chance of cancer recurrence and mortality," says O'Donnell. "That's a big number. The numbers are similar for colon cancer patients, too."

Many patients ask what exercises they can do or dietary changes they can make to improve their odds, O'Donnell says. But medical appointments, by necessity, focus on treatment progress and the latest imaging results. "People with a cancer diagnosis have a lot to deal with," she says. "This is a one-time visit with me to provide exercise counseling for those who want it, not something they must do."

"We know with breast cancer, for example, that those who meet the recommended 150 minutes of moderate intensity exercise weekly have a 50 percent lower chance of cancer recurrence and mortality," says O'Donnell. "That's a big number. The numbers are similar for colon cancer patients, too."

Lifestyle medicine helps patients cope and recover successfully, perhaps becoming even healthier than they were before cancer. O'Donnell hopes more patients will realize that they can safely reap the benefits of exercise. Cancer patients often experience fatigue and may think that exercise is the last thing they feel like doing. But, in fact, "exercise decreases this fatigue," she says.

Each cancer is different and the benefits and the type of exercise prescribed will likely vary, she says. Part of the clinic's mission will be to conduct clinical research to better understand the benefits that apply to each type of cancer. She also hopes to collaborate with other MGH specialists – in cardiology, sports medicine and physical therapy – who are using exercise in treatment and research.

O'Donnell's clinical practice specializes in multiple myeloma, an incurable bone marrow cancer that can be controlled by lifelong treatment with a steroid called dexamethasone. But a side effect of long-term exposure to this steroid is a decrease in muscle and an increase in fat. "I've seen patients who have been on steroids a long time or been through chemotherapy who have difficulty rising from a chair or even preparing food," she says. "I'd like to help them use exercise to get back their strength and life enjoyment, whether that's to play with their grandchildren or go on walks." ■

eCare Corner

Wave 1B now live with Partners eCare

THE MGH LAUNCHED a second wave of the Partners *e*Care clinical system this week, and Epic now is available to more than 900 new staff members, bringing the total number of ambulatory users to 2,100.

The Wave 1B implementation includes select pediatric locations (Pediatric Surgery and its subspecialties), as well as General, Plastic and Thoracic Surgery, Urology, Allergy, Rheumatology and the Physical Medicine and Rehabilitation Service at the main campus.

During the early stages of implementation, the command center – made up of MGH, Partners *e*Care, Information Systems and Epic team members – will closely monitor system performance and quickly respond to any questions or concerns.

Later this month, the MGH health centers in Charlestown, Chelsea, Everett and Revere – as well as most of Primary Care, Endocrinology, Neurology and the Weight Center – will go live as part of Wave 1C, adding nearly 1,600 new users and bringing the total number of ambulatory users to 3,700. Please note that some areas of the health centers – such as OB/GYN and Oncology – will launch during the final implementation on April 2.

For more detailed information, visit *partnersecare.partners.org.* ■

Benefiting patients through discovery and innovation

PARTNERS HEALTHCARE institutions are leaders in hospital-based federally funded medical research – receiving nearly $730 million from National Institutes of Health (NIH) alone in 2015. Research is a key element of the overall Partners mission – along with patient care, education and community health. And, there are many efforts in place to strengthen the connection between research and patient care.

KLIBANSKI

At Partners, there is a perfect storm brewing that could bring to reality the vision of personalized or precision medicine. Its elements include Partners eCare, the Partners Biobank and the Partners Big Data Commons, a data platform anchored by the Partners Research Patient Data Registry.

Anne Klibanski, MD, Partners chief academic officer and chief of Neuroendocrinology at the MGH, says the key to pulling these elements together is the comprehensive electronic health record that Partners eCare offers. "We have been able to integrate a number of initiatives and research tools through the Partners Big Data Commons. For example, patients who have enrolled in the Partners Biobank are linked to their health care data from their electronic medical record and other research data – things like information on lifestyle, environment and family history. Plus, we have excellent data analytics capabilities. Add to all these research tools the Partners eCare clinical tool and we now will have an extraordinary vehicle for leveraging Partners' investments to improve patient care."

An added bonus comes in the form of genomic data that further links research with patient care. Researchers soon will analyze genetic data from the 25,000-plus samples in the Partners Biobank looking for variants that could affect clinical diagnostics and care. The study will also evaluate how this information can be provided to patients and their physicians so it can be used to support diagnosis, treatment and even prevention.

"This could include anything from identifying when a patient might be a candidate for a specific therapy to identifying when a genetic variation might result in adverse effects from a proposed therapy," says Klibanski.

When Partners eCare is fully implemented, patients will have a research portal where they can enroll to be contacted by investigators working in areas that relate specifically to them. Patients may be able not only to participate in research but also to help define what some of the endpoints of a research project might be.

"Having patients' perspective – knowing what would be meaningful to them as an outcome of a research project – is new and exciting territory," says Klibanski. "Our capabilities in so many areas – bioinformatics, genomics, data analytics, IT and others – are escalating rapidly and converging. We are realizing that to take the best care of patients and understand the underlying why and how of doing that, we need to view clinical care and research as integrated disciplines. Now is the time to bring them together." ■

— *New medical director*

(Continued from page 1)

and lead in the other components of our mission, research, education and community service," says del Carmen.

After completing her fellowship from the MGH in 2002, del Carmen earned her master's in public health from Harvard School of Public Health in 2006. Before returning to work at the MGH, she served on the faculty at Johns Hopkins. Since her return she has served on the Combined Residency Education Committee, co-chaired the Diversity Action and Implementation Advisory Committee and been a valued member of the MGPO Executive Committee since 2011. In 2013, her colleagues recognized her dedication to providing compassionate care when she received the MGPO Brian A. McGovern, MD, Award for Clinical Excellence.

Del Carmen's research interests include the surgical treatment of gynecologic malignancies, specifically ovarian cancer; the management of rare gynecologic tumors; and improving access to health care services for underserved populations. She also has been a principal investigator of clinical trials evaluating novel therapies in the treatment of ovarian cancer.

"I am thrilled to welcome Marcela as the new medical director," says Thomas J. Lynch Jr., MD, MGPO chairman and CEO. "She will be an integral part of the MGPO senior management team and I am confident that Marcela will successfully lead our 3,000 MGPO physicians with her amazing combination of passion, energy, insight and integrity."

What people are saying

ALONG WITH SHARING news, events and information from the hospital, MGH Twitter and Facebook accounts help connect the MGH to people around the corner and across the globe. Here's a few things people are saying:

TWITTER@MASSGENERALNEWS:

@edcafasso: Great that GE will be HQ'd here but let not forget the world-class orgs we already had – Biogen, Harvard, MIT, MGH, Fidelity, State St, etc.

@elenipapaj: First internship and it's at mass general hospital, couldn't be happier

@philiplederer: @BCChorus singing brilliantly in the lobby of @MassGeneral – what a treat! @MassGeneralNews pic.twitter.com/746ScjCVK4

@MDMagazine: Interview with Dr. Sekar Kathiresan @MassGeneralNews who debunked the myth of good and bad cholesterol! bit.ly/1mgD4vx

@BeckersHR: Congrats to @MassGeneralNews for being named to our list of Hospitals with Great Neurosurgery & Spine Programs! bit.ly/1N326oI

@STAB: So proud of my MGH co-residents for crushing fellowship #matchday!! What an inspiring bunch – I'm privileged to work w you @MassGeneralNews

@FoodAllergySci: We are taking on #foodallergy Thanks to support from @BWHResearch @BostonChildrens @MassGeneralNews @broadinstitute

@MauraGreeneLaw: Healing begins with being heard: At #MGH, schooling #doctors in the power of empathy bostonglobe.com/lifestyle/styl ... via @BostonGlobe

@sarahcarstrat: Excited to be giving the, 2016 MGH Youth Scholars Homecoming: Bicentennial Workshop, tomorrow afternoon!

@BiomedicalZone: Dr. David King (@GeococyxVelox) is empowering teachers to respond when tragedy strikes ow.ly/WGEfc

FACEBOOK: WWW.FACEBOOK.COM/MASSGENERAL

Eileen L: I can't thank the amazing professionals at MGH enough. I feel blessed and truly grateful to have been treated by the best in the world, literally!

Roland L: I was at Mass General for over a week and was released on Wednesday. I would like to thank the saints working there as nurses. My first experience needing the attention that I received from them. these nurses give their all and I have never heard them complain.

Robb L: I am deeply grateful for the professionalism, warmth and care exhibited by the OT staff and Suzanne Curley, MS OTR/L, CHT. When luck deals you a bad hand, this team will help you turn it into a winning one.

Lisa M: After a life changing emergency surgery at another hospital in February, I transferred my care to MGH. My care team is amazing! They are brilliant and genius, conservative and thoughtful, compassionate and secure. I have overcome many obstacles and I credit that to them. I have heard, all my life, about how MGH is the best hospital and that people from all over the world come to MGH as a result; I now know first hand why!

Evelyn L: I just had major surgery at Mass General, having traveled there from nearby Rhode Island (where our hospitals don't compare). To say that the medical care was extraordinary would be an understatement. Not only is the technology top-notch; but each and every individual I encountered was caring, compassionate, and represented the epitome of professionalism. Despite its massive size, Mass General makes each and every patient feel as if he or she is the only one. Medicine just doesn't get any better than this. I would never, ever, consider having surgery (or seek significant medical care) anywhere else. I don't know how you do it, but you DO. God Bless you all. ■

Change in *Hotline* schedule

MGH Hotline will not publish Jan. 22 because of the Martin Luther King Jr. Day holiday. The regular publication schedule will resume Jan 29.

Something sweet

VISIT THE MGH BLOOD DONOR CENTER any Thursday in February to make a lifesaving donation and enjoy a tasty treat. All blood and platelet donors will be able to enjoy delicious cupcakes from some of Boston's best bakeries as part of the center's sixth annual Cupcake Tasting Event.

The Cupcake Tastings run from 7:30 am – 5:30 pm at the Blood Donor Center in Jackson 120. Appointments are encouraged, but walk-ins also are welcome. All donors in February also will receive a special long-sleeve T-shirt.

Donors can enjoy sweet cupcake samples from the following bakeries:

Feb. 4: Lyndell's Bakery, Cupcake City, Lulu's Sweet Shoppe, Treat Cupcake Bar

Feb: 11: Lyndell's Bakery, Cupcake City, J.P. Licks

Feb 18: Lyndell's Bakery, Cupcake City, Appleton Bakery, Party Favors, Yum Bunnies Cakery

Feb 25: Lyndell's Bakery, Cupcake City, South End Buttery, Georgetown Cupcake

For more information or to make an appointment, email *kegamache@partners.org* or call (617) 726-8171.

TASTY TREATS: A sneak peek at some of the cupcakes from Yum Bunnies Cakery

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MASSACHUSETTS GENERAL HOSPITAL
MGH: 2015 Winner of the
Foster G. McGaw Prize
for Excellence in
Community Service
The Foster G. McGaw Prize
Given by The Baxter International Foundation, the
American Hospital Association and Health Research & Educational Trust
EP/PACER LAB

A PROUD DISPLAY: Buildings and Grounds employees Angelo Burdonoco and George Hardy hang banners in the hospital.

MGH receives prestigious Foster G. McGaw Prize

THE MGH HAS BEEN AWARDED the 2015 Foster G. McGaw Prize for Excellence in Community Service, a national honor recognizing a hospital's commitment to community health. Selected from more than 100 applicants from around the country, the MGH was honored for its longstanding commitment to addressing issues such as the obesity epidemic and opioid crisis, and its dedication to reducing barriers to health care.

The award – sponsored by The Baxter International Foundation, the American Hospital Association and Health Research & Educational Trust – celebrates how people working together in hospitals and communities can improve the health and well-being of local communities. In the 30-year history of the prize, only one other Massachusetts hospital, Cambridge Hospital in 1993, was awarded this honor.

"The MGH is deeply honored to receive the Foster G. McGaw Prize in recognition of our work to partner with local communities to address social determinants of health and to fully integrate community health into our patient care, teaching and research missions," says Peter L. Slavin, MD, MGH president.

In 2013, the MGH established an initiative aimed at improving care for patients with substance use disorders in Charlestown, Chelsea and *(Continued on page 2)*

Valentines for veterans

A CROWD OF MORE THAN 50 MGHers gathered at The Hill Tavern on Jan. 26 to put their artistic skills to work by creating handmade cards to be given to veterans at local area VA hospitals on Valentine's Day.

The MGH Military Veteran Partners (MVP) group held the inaugural event after the idea was suggested by Diane Kuebler of the Pathology Department, who has created valentines for veterans since she was a teenager.

"I volunteered at a VA hospital growing up and just loved this program. It is what actually inspired me to work at a hospital," says Kuebler. "It's such a simple thing to make these handmade cards, and to see MGH veterans come together making them is so much fun."

The MGH MVP officially launched on Veterans Day in November 2015, *(Continued on page 4)*

FROM THE HEART: The basket of valentine cards made by MGHers to be delivered to veterans at area VA hospitals.

SharingClinic kiosk offers healing through stories

"ONCE I WAS IN TERRIBLE PAIN in the hospital. The nurse was going to do a quick medication dispensation and be out the door. So she did her stuff and she was headed out. And she looked at me, and all of a sudden, she just stopped and she came over and she brushed the hair out of my eyes and she put her hand on my face, and she stroked my face, and it didn't take the pain away, but it changed the whole day."

This is a story told by Kathryn – a patient with end-stage renal disease – and one of many stories featured in a new listening kiosk called SharingClinic. Housed at the Paul S. Russell, MD Museum of Medical History and Innovation, the kiosk features more than 100 audio clips of personal stories told by patients with a range of medical conditions, their family members and care providers.

The project's creator, Annie Brewster, MD, saw the need for such an outlet thanks to her dual perspective: as an MGH physician frustrated with the lack of connection inherent in modern health care, and as a multiple sclerosis patient who has experienced the loneliness of coping with a difficult diagnosis.

"I found myself yearning for stories from people who had had a life-changing diagnosis like mine. I wanted to find hope that I could move forward," said Brewster in her lecture at the museum last week. In 2010, Brewster founded the nonprofit organization Health Story Collaborative.

Stories offer healing power for their tellers, says Brewster, and she also intends that they offer providers a deeper connection with their patients. Indeed, she says, research indicates that physicians with greater empathy correlate with patients' increased satisfaction, decreased pain and other improvements.

"Stories help us make meaning in our lives," she says. "I've seen how stories have helped me, as both a doctor and a patient. Patients' stories help me provide better care."

The SharingClinic kiosk will be updated as Brewster gathers new clips. Those who wish to become involved, can email Brewster at *abrewster@healthstorycollaborative.org*. ■

Celebrating with the MGH

AREA LEADERS offered congratulatory messages to the MGH and its staff following the award announcement. Here are a few excerpts from their letters:

"MGH's longstanding community-based prevention work and new clinical initiative to transform care for patients with substance use disorders offer cutting-edge solutions to some of our Commonwealth's most intractable health issues."

Gov. Charles D. Baker

"MGH deserves this honor because as a health care organization, they understand that a person's health and wellness is not simply about the quality of care received but also many external factors such a preventing substance use disorders and providing opportunities for young people."

Mayor Martin J. Walsh

"In my past role as City Manager of Chelsea, I could not have done my job without the remarkable partnership we had with the MGH."

Jay Ash, secretary, Executive Office of Housing & Economic Development

"MGH understands that health cannot be sustained by care within its walls, however sound the science and however caring the staff. It wants healthy people to live in healthy communities, and its outstanding initiatives are fittingly rewarded with this prize."

Congressman Michael Capuano

"I am continually impressed with MGH's focus on and commitment to the needs of residents in its surrounding communities, in addition to the world class patient care and cutting-edge medical research that goes on at the hospital each day."

Robert A. DeLeo, House Speaker

— *Foster McGaw Prize*

(Continued from page 1)

Revere. The focus moved beyond community-based prevention and into a systemwide approach, becoming the leading clinical priority for the hospital's strategic plan, the first time in the MGH's history that community needs directly influenced the hospital's clinical agenda.

One year later, a multidisciplinary team is in place with which staff can consult when hospitalized patients have substance abuse disorders; a team of recovery coaches have been hired to connect patients with addiction services; connections have been built with community-based providers; and new services are available in MGH health centers in Chelsea, Revere and Charlestown.

In addition, the McGaw Prize recognized the MGH for innovative community initiatives; working toward policy and systems change to reduce substance use and obesity; providing youth health and science opportunities to promote the critical social determinant of educational attainment; and reducing social and economic barriers to care for vulnerable patients through community health workers, navigators and outreach programs.

"Addressing social determinants of health requires more than medical care in underserved communities where social and economic factors have a greater impact on health status," says Joan Quinlan, vice president for Community Health and director of the MGH Center for Community Health Improvement. "Health care cannot tackle these challenges alone, but we can convene key partners and stakeholders from multiple sectors across the community and bring our collective resources to bear." ■

Rev. Dr. Martin Luther King Jr. honored at annual breakfast

"INJUSTICE ANYWHERE is a threat to justice everywhere."

This quote of Rev. Dr. Martin Luther King Jr. was shared by keynote speaker Sherri-Ann Burnett-Bowie, MD, MPH, clinical investigator in the Endocrine Unit, an associate director of the MGH Center for Diversity and Inclusion and director for Multicultural Affairs for the Department of Medicine, at this year's annual celebration of the civil rights leader, hosted by the Association of Multicultural Members of Partners. A standing-room-only crowd filled the East Garden Room Jan. 22 to honor his life and legacy.

"Many of the issues Dr. King fought against so passionately are still relevant today. It's easy to think that what we do in our daily lives doesn't matter, when in fact the opposite is true," said Burnett-Bowie. "We must be willing to be allies for others and to be change agents, even when it is scary. I remember that when I advocate for someone, I am validating Dr. King and his fight for others."

From left, David Marquez, MGHPC Honor Guard; Alexa Gedies, AMMP member; Carmen Alvarez, AMMP Public Relations Chair; Donna McElroy, Director Berklee Jubilee spirit Ensemble; Jeremy Kinyua, AMMP member; Abayaah; Nicholson; Burnett-Bowie; Jonathan Gonzalez, AMMP Vice Chair; Davis; Morales; and Pamela Cazeau, AMMP Scholarship Chair & Event Chair

During the event, Carlyene Prince-Erickson, director of MGH Employee Education and Leadership Development, also recognized the 2016 YMCA Achiever Awardees. The honorees included Shea Asfaw, chief of staff in MGH Administration; Calvin Richardson, program director for Population Health Management; Ingrid Beckles, supplier diversity business manager of Partners HealthCare Supply Chain Management; Magaly Valentin, MGH Human Resources business partner, Partners HealthCare; and Brenda Rivera, unit coordinator at Spaulding Rehabilitation Hospital. The YMCA Achievers program recognizes multicultural employees across Boston for their professional and community-based achievements.

"Dr. King brought us to the top of the mountain, but that doesn't mean we just stay there and chill," said Will Morales, executive director of the YMCA Achievers Program in Boston, who was helped by the program while growing up. "It is our job as Achievers to reach down and pull others up."

The Berklee Jubilee Spirit Ensemble, directed by Donna McElroy, regaled the audience with a selection of songs to conclude the event. The tribute also included remarks from Evelyn Abayaah of the MGH Cancer Center; Brit Nicholson, MD, chief medical officer; a prayer from Rev. John Polk, of MGH Chaplaincy, and a flag presentation from the MGH Honor Guard.

"It is our responsibility to share how Dr. King influenced us and the world around us," said Jeff Davis, senior vice president of Human Resources. "We have the power to make his memory stay alive." Davis shared his memories of King and encouraged others to always remember their own stories of him.

"Dr. King was focused on allowing dreams to thrive," said Burnett-Bowie. "Diversity encompasses all of our varying differences. If we are truly to be inclusive, we must appreciate that we are smarter and more effective because of our differences. And in doing so, we truly value and respect each other." ■

A concert of hope

THE VIETNAM VASCULAR ANOMALIES CENTER (VAC) hosted its sixth annual Classical Benefit Concert on Dec. 5, 2015 at the Goethe Institut in Boston. The concert raised more than $40,000 in support of VAC's mission to bring medical treatment to children in Vietnam with disfiguring birthmarks. More than 100 guests attended the event, hosted by members of the MGH Department of Dermatology and Wellman Center for Photomedicine.

The evening included a silent auction, Vietnamese delicacies and musical performances by local artists – including David Fisher, MD, PhD, chair of Dermatology, who has contributed his virtuoso cello playing at every concert since the event's inception.

MAKING MUSIC:
From left, Anderson; Thuy Phung, MD, PhD; Julie Reimann, MD, PhD; Thanh-Nga Tran, MD, PhD; Ellyses Kuan and Fisher

VAC was founded in 2009 as a humanitarian medical collaboration between physicians from the MGH; Brigham and Women's Hospital; Beckman Laser Institute, Irvine, California; Texas Children's Hospital, Houston; and the University of Medicine and Pharmacy of Ho Chi Minh City, Vietnam. The organization aims to provide much-needed modern clinical care for children with severe skin conditions on a free, safe and effective basis.

Throughout the past six years, the center has transformed the lives of more than 5,000 young patients and has expanded the region's access to pediatric dermatology, dermatopathology and wound care through training and equipment donations. Proceeds from this year's concert will be used for the treatment of children, supplies and maintenance of the clinic.

"The clinic is one of the most efficient clinics that I know," said R. Rox Anderson, MD, director of the Wellman Center for Photomedicine and co-founder of VAC. "Being there helping the children is the best thing I do all year."

For more information about the VAC, visit *www.vietnamVAC.org*.

Ten years strong

GENEROUS GIFT: On Jan. 22, representatives from Spirit SuperStores presented MassGeneral Hospital *for* Children (MGH*f*C) with a generous donation of $36,100 to support the Child Life Services program. For the 10th consecutive year, the company has gifted monies collected from the Spirit of Children program, in which local stores collect donations for area hospitals during the Halloween season to MGH*f*C. The company also hosts a yearly Halloween party for patients and their families complete with costumes, games and crafts.

—*Veterans valentines*

(Continued from page 1)

after a few MGH veterans began chatting and realized there was no set group for veterans at the hospital. "We hoped to establish a greater connection for veterans within the MGH community," says Angela Wynder, RN, MGH Case Management, a veteran who serves as president of the group. "Once away from the military, it's hard to stay aware of what is going on. This allows us to stay connected and better serve vets coming to the MGH."

The group welcomes any MGH employee to get involved, both veterans and non-veterans, and they have partnered with the Home Base program to help build relationships within the greater MGH veteran community. Stefanie Ryan, special programs manager at Home Base, also is the MGH MVP communication director. "I'm not a veteran but I have a number of family members who have served," she says. "This is a great way to build camaraderie within the group and across different departments."

The MGH MVP meets monthly and hopes to have at least four events each year, as well as education sessions addressing various issues for vets. For more information about the event or to learn more about the MGH MVP please email *MGHVETpartners@partners.org*.

"Typically the Christmas season and Memorial Day get so much attention, this provides another opportunity throughout the year to thank our veterans," says Kuebler. "These handmade valentines are a symbol of the heart, which represents the heart of a veteran."

Dog-gone:

Dispatch log on finding Posey the dog

MGH POLICE AND SECURITY received a report of a lone dog found by the Bulfinch Patio on the evening of Jan. 25. As it turns out, Posey – the dog – had quite the adventurous day. With her owner out of town, she had escaped from her daycare's car in the North End that morning. She had been spotted throughout the day near Haymarket and on I-93 before she finally made it to the MGH. Here, the officer who found her, Steve Pucci of Police and Security, tells his story:

On Monday, Jan. 25, 2016, at approximately 4:35 pm, I was dispatched to the Bulfinch Patio for a report of an unattended dog shivering by the doors. Upon arrival I discovered a small white terrier mix canine with a purple Kong collar, but no tag. The canine was sitting against the glass on the side of the Bulfinch Patio doors. The canine was visibly wet, shivering and sitting in a puddle of water. I immediately radioed dispatch with my findings and requested an officer to respond with some blankets. Officers arrived on scene with blankets and, with their assistance, we were able to safely place the canine in the warm blankets.

The canine, later identified as Posey, continued to shiver and shake even while I was holding her in several layers of warm blankets. Posey never resisted officer's attempts to place her in the blankets and just calmly laid in my arms as I held her. Posey was then carried down to dispatch where she was eventually placed on the floor after she had stopped shivering. Posey sat right down on the floor where I placed her and made no attempts to run away. We provided some water to Posey, but she did not drink any.

The dispatcher had already spoken, and provided a description of Posey to an officer at the Boston Animal Control. Animal Control stated that they had received numerous calls about Posey throughout the day and will contact the dog walker who had lost Posey. At 1650 hours, the dog walker [Karen] arrived at the White Lobby and was escorted down to dispatch. The dog walker stated that Posey had broken away from her at 1030 hours this morning along N. Marginal Street in the North End. Karen also stated that she had called the city of Boston numerous times throughout the day and was told that there had been several reports of Posey roaming around the city. One report was that Posey had been seen walking northbound in the southbound lane of I-93. Karen informed us that Posey's owner was currently away on vacation. Karen took custody of Posey, who immediately responded affectionately to her. Karen then thanked our department several times and was then escorted out with Posey. ■

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

What to know about SCAD

"THIN, FIT AND ATHLETIC."

It's not a typical portrait of a heart attack patient – but it's how Malissa Wood, MD, co-director of the Corrigan Women's Heart Health Program, describes dozens of her female patients in the last two years. All of them have experienced spontaneous coronary artery dissection (SCAD), something Wood says is an underdiagnosed cause of heart attacks today.

Before her SCAD last September, 36-year-old Lindsay Gervino exercised five days a week while also running after two small children. It was during a workout at home that Gervino felt a tightness in her chest, nauseated and lightheaded. Responding EMTs performed an electrocardiogram. The indication of a heart attack, says Gervino, left her and her husband "staring at each other in disbelief."

A buildup of plaque is often at the root of most heart attacks. SCAD occurs when a tear forms in one of the three layers of an artery wall, blocking blood flow in the heart. That blockage can cause a heart attack, heart failure or even death. The causes of SCAD are not fully known, but may be

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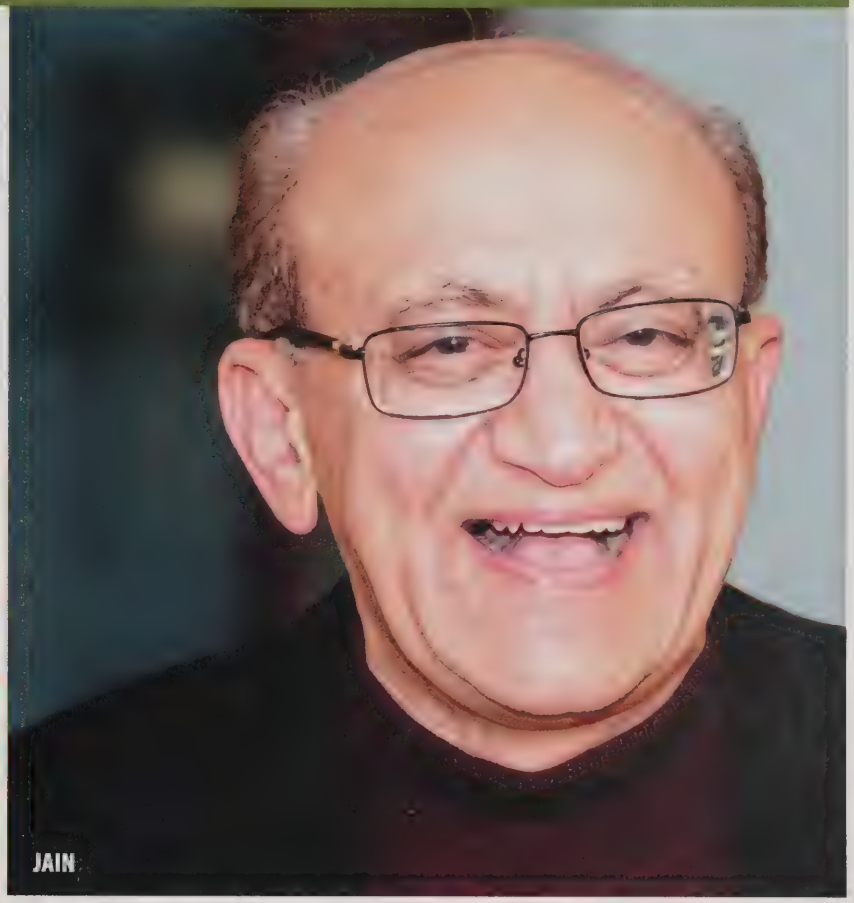

An honor from the White House

2015 ENDED ON A HIGH NOTE with a prestigious honor from the president of the United States for MGH's Rakesh Jain, PhD, director of the Edwin L. Steele Laboratory for Tumor Biology in the Department of Radiation Oncology. On Dec. 22, the White House announced Jain would receive the National Medal of Science, the first time an MGH investigator has won the award.

"I feel deeply honored and enormously pleased to receive this honor. This is beyond any expectation I ever had," says Jain. "This really honors my entire team – my colleagues, my collaborators and my students. It is their collective work and a journey that I have not been alone in."

The Medal of Science is the nation's highest honor for achievement and leadership in advancing the fields of science and technology. It is awarded to individuals in science and engineering who have made outstanding and important contributions to the advancement of knowledge in the fields of behavioral and social sciences, biology, chemistry, engineering, mathematics and physics.

"Science and technology are fundamental to solving some of our nation's biggest challenges," said President Barack Obama in a White House press release. "The knowledge produced by these Americans today will carry our country's

(Continued on page 2)

— Medal of Science

(Continued from page 1)

legacy of innovation forward and continue to help countless others around the world. Their work is a testament to American ingenuity."

Jain has dedicated his career to the study of the microenvironment of cancerous tumors in the laboratory and in human trials. He is known for his ability to combine knowledge from the fields of engineering, biology and medicine to reveal mechanisms of resistance to drug delivery and efficacy for his innovative approaches to overcome this resistance and for taking his approaches from bench to bedside and back. Jain is most celebrated for proposing and validating the hypothesis that "normalizing the tumor vasculature" can improve the treatment outcome and survival of cancer patients. This concept also offers opportunities to improve treatment of vascular disorders that afflict some 500 million people worldwide.

"I feel very grateful for my family and mentors who introduced me to this area of research," says Jain. "I also feel enormously grateful to the hundreds of patients who participated in more than 25 clinical trials that our laboratory has collaborated in, and who have made it possible for future patients to benefit from their efforts."

"I feel very grateful for my family and mentors who introduced me to this area of research," says Jain. "I also feel enormously grateful to the hundreds of patients who participated in more than 25 clinical trials that our laboratory has collaborated in, and who have made it possible for future patients to benefit from their efforts. Lastly, I am extremely grateful for research grants from the federal agencies and private foundations as well as philanthropic support, especially from the Cook and Steele families."

The National Medal of Science was created by statute in 1959 and is administered for the White House by the National Science Foundation. Jain was to be honored Jan. 22 at a White House ceremony, but the celebration was postponed due to a blizzard.

This is one of many accolades that Jain has received in his distinguished career. He is the first MGHer to be elected to all three branches of the National Academies: the National Academy of Science, National Academy of Engineering and National Academy of Medicine (formerly the Institute of Medicine). ■

AWARD-WINNING AUTHORS: From left, Smith, Sabia, Ives Erickson, Ditomassi and Jones

Recognizing the best in nursing literature

THE AMERICAN JOURNAL OF NURSING recently announced its prestigious Book of the Year Awards, recognizing the best in nursing publishing. Two MGH-authored texts were honored with awards for 2015.

Receiving second place in the Medical-Surgical Nursing category is *Fostering Clinical Success: Using Clinical Narratives for Interprofessional Team Partnerships from Massachusetts General Hospital,* written by Jeanette Ives Erickson, RN, DNP, chief nurse and senior vice president for Patient Care; Marianne Ditomassi, RN, DNP, executive director of Patient Care and Magnet Recognition; Susan Sabia, executive editor of *Caring Headlines;* and Mary Ellin Smith, RN, professional development manager in the Institute for Patient Care. In this book, the authors share their model for creating, embedding and fostering a narrative culture, ultimately creating a safer environment with improved patient outcomes, inter-professional communication and patient and staff satisfaction.

Also awarded second place in the Nursing Research category was *Fostering a Research Intensive Organization: An Interdisciplinary Approach for Nurses from Massachusetts General Hospital.* This text was authored by Ives Erickson, Ditomassi and Dorothy Jones, RN, EdD, director emeritus and senior nurse scientist in the Yvonne L. Munn Center for Nursing Research. The book addresses how a strong nursing research agenda can impact patient care delivery and influence the redesign of services needed to effectively respond to a changing health care environment.

The books – part of a trilogy with the first written in 2014 – were a collaborative effort, says the group, guided by practice, education and research in nursing. They not only affect nursing but other health care disciplines and are currently used in the classroom influencing the next generation of clinicians. "Sharing our experiences in cultivating a culture of storytelling and inquiry fills a void in the changing landscape of health care," says Ives Erickson. "Hopefully our work will guide others as they advance their narrative and research-driven care environments."

Travel for business? Enroll in TravelSafe

MGHERS TRAVELING for hospital business should consider enrolling in Partners TravelSafe, a travel information and emergency assistance program for Partners HealthCare hospital employees. TravelSafe offers travel information, active alerts, emergency assistance and a single point of contact should trouble be encountered while traveling domestically or internationally.

When booking travel through one of Partners' approved travel agencies, Great GetAways or Egencia, travel details are automatically registered with TravelSafe. Staff also have the option to manually enter trip details into the TravelSafe site at *www.partners.org/travelsafe.* For more information, email *travelsafe@partners.org.* ■

Valuing diversity in medicine: Physicians with disabilities

CHERI A. BLAUWET, MD, a physical medicine and rehabilitation and sports medicine practitioner at Spaulding Rehabilitation Hospital and Brigham and Women's Hospital, presented her talk, "Valuing All Forms of Diversity and Inclusion in Medicine: The Experience of Physicians with Disabilities," at Department of Medicine Grand Rounds on Jan. 28. The MGH Department of Medicine Diversity Inclusion Board sponsored her presentation.

Blauwet's talk described the history of the disability movement, the ADA Generation and the challenges and opportunities for including and empowering individuals with disabilities throughout medical school and their careers. Although 15-20 percent of Americans are individuals with disabilities, less than 1 percent of medical students have a disability. Those students often do not know what to expect when they apply to medical school and often experience hidden discrimination.

As an undergraduate, Blauwet attended the University of Arizona, a school well known for its adaptive sports program and excellence in supporting students with disabilities. She then earned her medical degree from Stanford University. Throughout her years of schooling, residencies and fellowships, she learned what accommodations best empowered her to succeed. Blauwet explained how a disability can make individuals better doctors, and how including disability as an element of diversity is critical.

"It's great to be a pioneer, but not everybody should have to be," said Blauwet, who acknowledged how different her life could be if she wasn't as proactive or outspoken or given certain opportunities. "As long as we think creatively, are open-minded, and encourage discussions about disability accommodations along the way, then opportunities for inclusion will continue to grow, ultimately improving both the patient and provider experience."

BLAUWET

Blauwet competed as an elite wheelchair racer for the U.S. team in three Paralympic Games – Sydney '00, Athens '04 and Beijing '08 – and brought home seven medals from those competitions. She won the Boston and New York City marathons twice each and the Los Angeles marathon four times. Her primary clinical and research focus are on sports medicine and sports injury prevention in Paralympic Athletes, as well as community-level access to physical activity and exercise for all individuals with disabilities. ■

At the starting line

THE BOSTON MARATHON is more than two months away, but 105 individuals who will tackle the course are already preparing for the challenges ahead – staying healthy, properly training and finishing 26.2 miles.

On Feb. 2, members of the "Fighting Kids Cancer ... One Step at a Time" and "Ready When Seconds Count" teams, which support Pediatric Hematology-Oncology at MassGeneral Hospital *for* Children and emergency preparedness and disaster training respectively, gathered for an informational seminar featuring Dan Fitzgerald, the teams' running coach; Carol Sullivan, RD, senior clinical nutritionist at the MGH Cancer Center; and Lars Richardson, MD, Orthopædic surgeon. The MGH provides ongoing training guidance and resources throughout each athlete's preparation to help them all reach the finish line.

Thanks to John Hancock, the MGH receives bibs annually. Since the pediatric team was established in 1998, runners have raised more than $11 million to support pediatric research and child life activities for patients. In the last two years, the emergency response team has generated nearly $700,000 for preparedness and disaster training efforts at the hospital.

In addition to the pediatric and first response teams, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

Follow the teams' progress on Facebook or Twitter at *#run4MGH*.

International Patient Center temporarily relocated

TO IMPROVE ACCESS and better serve international patients at the MGH, the International Patient Center, currently located at Blake 180, will be renovated this spring.

From Feb. 18 until the middle of April, registration, check-in and other services for international patients will be located in the Wang registration area (Wang 150), near the Pharmacy. Some administrative International Patient Center staff also will be located on Founders 8 during this time.

"We look forward to continuing to provide the highest level of service to our international patients throughout the renovation and in the future," says Marianne Gibbons, director of International and Executive Health Services.

During and after the renovation, the center phone number will remain (617) 726-2787 and the email address will remain *mghipc@partners.org*.

Donations for dessert

ALL BLOOD and platelet donors at the MGH Blood Donor Center Feb. 4 were treated to delicious cupcakes from some of Boston's best bakeries as part of the center's sixth annual Cupcake Tasting Event.

"I used to donate all the time, and now I pass the center all the time," says Meaghan Rudolph, RN, MS, clinical nurse specialist at the MGH, who hopes her colleagues will donate after seeing her decadent cupcake. "The cupcakes were an added bonus to get me to come donate again."

The Cupcake Tasting Event runs every Thursday in February from 7:30 am – 5:30 pm at the Blood Donor Center in Jackson 120. All February donors also will receive a special long-sleeve MGH Blood Donor T-shirt.

Donors can enjoy sweet samples from the following bakeries:

Feb: 11: Lyndell's Bakery, Cupcake City, J.P. Licks

Feb 18: Lyndell's Bakery, Cupcake City, Appleton Bakery, Party Favors, Yum Bunnies Cakery

Feb 25: Lyndell's Bakery, Cupcake City, South End Buttery, Georgetown Cupcake

For updates on daily cupcake flavors or to see a picture of the February T-shirt, visit *facebook.com/mghblooddonor*. To make an appointment, email *kegamache@partners.org* or call (617) 726-8171. ■

TOWER OF TREATS: A sample of the cupcakes that February donors can enjoy

—What to know about SCAD

(Continued from page 1)

genetic or related to hormone and blood vessel changes during pregnancy. The MGH currently is one of only a few hospitals in the nation researching SCAD and is the only site in New England caring for SCAD patients.

Gervino was referred to Wood after receiving initial care at her local hospital. Now, she is taking blood thinners to keep blood flowing to her heart. She also has enrolled in a cardiac rehabilitation program through the MGH Cardiovascular Disease Prevention Center, getting back to the treadmill and light weight training and learning how to better manage stress.

"Many times a SCAD tear will heal on its own and doesn't require surgery or a stent," says Wood. But, she adds, the key to surviving SCAD is for women to recognize the symptoms of a heart attack and quickly call 911. "My mantra to all women is if they feel new or different symptoms, like chest pressure or tightness, have it checked out."

Heart attack symptoms in women

PAIN, HEAVINESS OR PRESSURE in the chest are often the hallmark symptoms of heart attacks in men.

According to physicians at the Corrigan Minehan Heart Center, women may exhibit very different symptoms and should watch for:

- Pain in the jaw, neck, arm or back
- A feeling of indigestion
- Shortness of breath
- Nausea or vomiting
- Sweating
- Lightheadedness or dizziness
- Extreme fatigue

If you or someone you know exhibits any of the above warning signs, act immediately and call 911.

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PHOTO FUN: On Feb. 5, the MGH turned the White Lobby red – raising awareness of heart health issues and celebrating National Go Red For Women Day. Corrigan Minehan Heart Center staff offered friendly tips on cardiac care, while passersby had fun with the makeshift photo booth.

When Harry met Howard

HARRY BURNS, 5, walked into the Pediatric Hematology/Oncology Unit Jan. 27 with a secret. The youngster, clad in a dress shirt and pink bowtie, carried a green gift bag for his running mate, Howard Weinstein, MD, chief of Pediatric Hematology/Oncology.

In the bag was a blue canvas, painted by Harry with the help of his mother, Elizabeth, and twin brother, Sammy, with his footprints in yellow and a poem of thanks:

Roses are red
Violets are blue
Thank you for honoring me
by running 26.2
Love, Harry

Through the 2016 Boston Marathon "Fighting Kids Cancer ... One Step at a Time" Patient Partner Program, MGH runners are connected with pediatric patients undergoing treatment or those in remission. Harry and Weinstein were paired to provide continuous motivation – Harry through complicated medical treatments and Weinstein from Hopkinton to Boston.

Due to injury, Weinstein was unable to run last year – what would have been his 25th consecutive Boston Marathon – so on April 18, he will run to complete that

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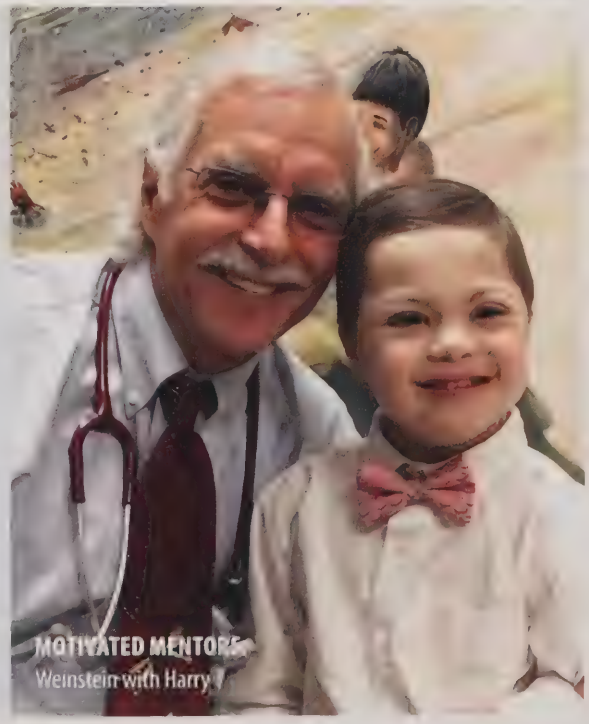


MOTIVATED MENTORS: Weinstein with Harry.

Students showcase science projects

MGH MENTORS:
On Feb. 2, at the Timilty Middle School Science Fair, judge Isra Hashmi, left, examined student Cynthia Hydes' project. This year, creative student projects ranged from pollution-filtering bivalves to the salinity and dissolved oxygen level effects of a Charles River dam. Now in its 26th year, the MGH Timilty Science Fair Mentoring Program pairs students in grades 7 and 8 with mentors from the MGH, who work together at the hospital to develop a science fair hypothesis and a project to test the question. This year the 42 MGH judges selected 16 of the 49 student projects with MGH mentors to compete in the 2016 Boston Citywide Science Fair. The Science Fair will be held March 4-5 at Northeastern University.

Calling new HAZMAT volunteers

THE MGH HAZMAT RESPONSE TEAM is seeking employee volunteers interested in emergency response, serving the community and working on a multidisciplinary team.

The team's mission is to protect patients, staff and the facility from contamination during large-scale disasters involving hazardous materials, including mass casualty incidents and major industrial accidents. The HAZMAT Team comprises 80 MGH employee volunteers – both clinical and nonclinical – from across departments.

"Members exhibit and exercise responsibility, teamwork and concern for the community and safety of others, ensuring that any patients arriving on campus following a chemical, biological, radiological, nuclear or explosive event are decontaminated prior to being treated inside the hospital," says Jacky Nally, RN, HAZMAT Team coordinator.

HAZMAT volunteers are distributed among three teams and are on call every third month. Regular training is provided to ensure that members are proficient in working with personal protective equipment and have an operational knowledge of the hospital's Emergency Response Plan and the Incident Command System. As with all emergency response training programs, the safety of volunteer participants is the primary concern.

"The team continues to improve by performing training under a variety of challenging circumstances, such as completion of cold weather decontamination exercises each winter," says Nally.

The MGH HAZMAT Team is one of the most active hospital-based programs in the state and has been recognized with a special citation from the Boston Mayor's Office.

Information sessions will run from 2-3 pm on Feb. 17, Feb. 18 and March 21 in the Haber Conference Room. For more information, contact Nally at *jnally@partners.org* or (617) 726-5353. ■

TRAINING EXERCISE:
The MGH HAZMAT Response Team practices decontamination of patients during an exercise earlier this year.
MASSACHUSETTS GENERAL HOSPITAL
HAZMAT
HAZMAT

What to know about Zika: A Q&A with Laura Riley

LAURA RILEY, MD, medical director of Labor and Delivery, answers frequently asked questions about the Zika virus.

What is Zika?

Zika is a mosquito-transmitted infection sharing biologic similarity to dengue, yellow fever and the West Nile virus – even though its clinical picture is generally more mild. It was first discovered in Uganda's Zika Forest in 1947 and has always been common in places like Africa and Asia. It wasn't until recently that we began to see widespread reports of the virus in the Western Hemisphere – first in Brazil and now throughout Central and South America and the Caribbean. In Brazil, the rise in Zika infection has been associated with an increase in babies born with microcephaly – a birth defect resulting in abnormally small heads and stunted brain development – although cause and effect between the two observations has not yet been proven.

How is it spread?

Zika is spread through the bite of an infected mosquito. Although transmission through mosquitoes is by far the most common route of transmission, there have now been at least three reported cases of Zika being transmitted sexually. Given these reports and the risks of Zika in pregnancy, the Centers for Disease Control and Prevention does now recommend men who may be at risk for Zika use condoms if their partners are pregnant (throughout the entire pregnancy) or abstain from sex altogether.

How is Zika detected – and is there a cure?

About 80 percent of people infected with Zika never develop any symptoms. Some people may experience a rash, fever, joing pain or red eyes. There is no vaccine to prevent Zika and no cure.

Blood testing for evidence of infection is now recommended for all pregnant women who either live or have traveled to an area where Zika transmission has been reported. This testing is recommended whether or not a pregnant woman has had symptoms of the virus. Additional testing using ultrasound to detect microcephaly will be recommended in many of these women as well. Testing for people who are not pregnant is generally not recommended.

RILEY

Who is most at risk?

Because of an association between Zika virus infections and birth defects, pregnant women or women who are trying to become pregnant should avoid areas where Zika transmission has been reported. Even women who are not planning to become pregnant should be cautious, as about half of all pregnancies are unintended. We advise strict use of birth control if you are planning to visit a Zika-affected country to ensure you don't get pregnant while at risk for infection.

What is the best way to protect yourself?

If you are pregnant or planning a pregnancy, your best bet is to again avoid areas where Zika transmission has been reported. Those who do decide to travel to areas in which mosquitoes carry Zika can protect themselves by taking steps to prevent mosquito bites. Use insect repellent, wear long-sleeved shirts and pants and stay in places with air conditioning or with window and door screens. DEET is safe to use in pregnancy and pregnant women can choose this or another EPA-registered insect repellent and use it according to the product label. ■

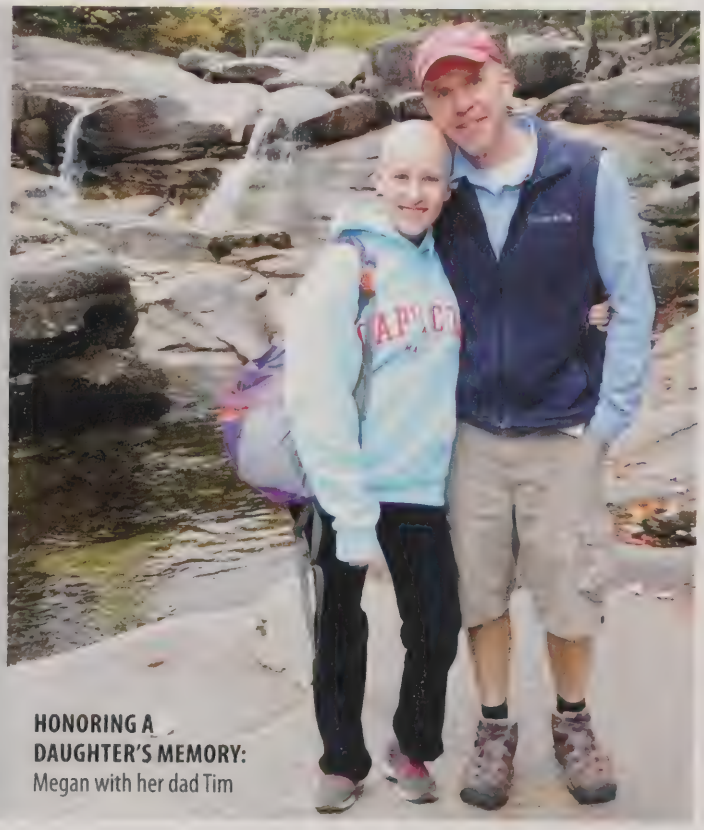
LoveStrong symbolizes support

RATHER THAN DINNER reservations, Jean Sheehy made an appointment to drop off gifts for pediatric patients at the MassGeneral Hospital *for* Children (MGH*f*C) this Valentine's Day. The trip is a tribute to Sheehy's daughter, Megan, who died in August 2014 after multiple hospitalizations throughout the year battling osteosarcoma, a type of bone cancer that usually develops in the cells that form bone.

"Megan was always so excited to find a new stuffed animal each time she was admitted for treatment," says Sheehy. "We thought it would be a wonderful way to honor her memory by delighting other children in similar situations."

This year, Sheehy and her husband, Tim, have donated stuffed animals along with personalized Valentine's Day cards crafted by Megan's friends for inpatient pediatric patients. Inside, to pass along the same positivity that Megan always received, each child receives the same message: "LoveStrong symbolizes the support, caring and love from family, friends and caregivers during Megan's treatment. We wish you health & happiness. LoveStrong!"

The family hopes this message will resonate with all children receiving the donation. "We are so blessed to be Megan's parents and want to live up to her example by consistently choosing to be hopeful. It was the little things her care team, family and friends did to bring Megan a bit of happiness, and we want to pay that forward," says Sheehy. "A little bit of Megan's joy in life gets passed along with each LoveStrong puppy and allows us to keep her legacy vibrant. Every child should know that someone is thinking of them. We hope to serve as a small reminder."



HONORING A DAUGHTER'S MEMORY: Megan with her dad Tim

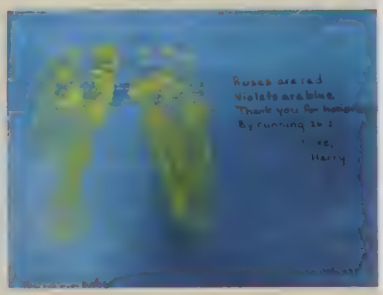
— When Harry met Howard

(Continued from page 1)

monumental milestone, also his 19th as captain of the pediatric cancer care team. The team has raised $11 million since it was established in 1998, with Weinstein raising $1.2 million over the years.

"Each year, I find strength, inspiration and courage in my patients like Harry," says Weinstein. "There is no more meaningful experience than honoring my patients and all pediatric oncology patients while raising funds to support our program." During their special trip to Yawkey 8B, the shy child initially hugged mom for encouragement, but soon warmed up with a hug and smile for Weinstein.

In April 2015, Harry was diagnosed with acute lymphoblastic leukemia, commonly known as ALL, the most common type of cancer diagnosed in children. Leukemia begins in the bone marrow and interferes with normal blood cell reduction. The cancer is 10 to 20 times more prevalent in individuals with Down syndrome, like Harry, than those without the genetic condition. However, because leukemia is quite rare, less than 1 percent of those with Down syndrome will develop the cancer.



Elizabeth and her husband, Bryan, brought Harry to MassGeneral Hospital *for* Children (MGH*f*C) to receive chemotherapy treatment, which will require weekly visits for the next three years. Throughout his intensive treatment schedule, Harry has received procedural support aimed at reducing anxiety, while his siblings worked closely with Child Life specialists Heather Peach, MS, CCLS, and Caroline Armington, MS, CCLS, to understand and cope with Harry's illness.

"The team, particularly Dr. Weinstein and Mary Jo Gonzales, CPNP, have been incredibly important in Harry's treatment. Karen Darocha, RN, has been like his second mom in the clinic furthering our successful visits," says Elizabeth. "With the Patient Partner Program, they've found a special and unique way to extend Harry's connection with MGH*f*C beyond the hospital's walls. While he won't be physically there on the course, we wanted to show Dr. Weinstein that our family is with him every step."

For more information about this year's team, visit *www.runformgh.org*.

This is the first in a series of stories that MGH Hotline will publish in advance of the 2016 marathon featuring the "Fighting Kids Cancer ... One Step at a Time" and the "Ready When Seconds Count" team, which supports emergency preparedness and disaster training. In addition, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

Service Excellence Awards nominations sought

THE MGH COMMITMENT to Excellence Every Day has always included the promise of a compassionate and responsive experience for patients and families. This year, the MGH Service Excellence Department will once again honor staff for their dedication to clinical excellence with a focus on outstanding achievements in improving the patient experience. Nominations are being accepted for three categories of awards:

- Teams/programs whose work contributes to the patient experience
- Individuals who put the needs of patients and their families first
- Leaders who inspire their teams to provide outstanding service

The program has two components – awards based on excellent or improving survey results and awards based on nominations. All departments, practices and units are eligible regardless of whether they survey patients and customers.

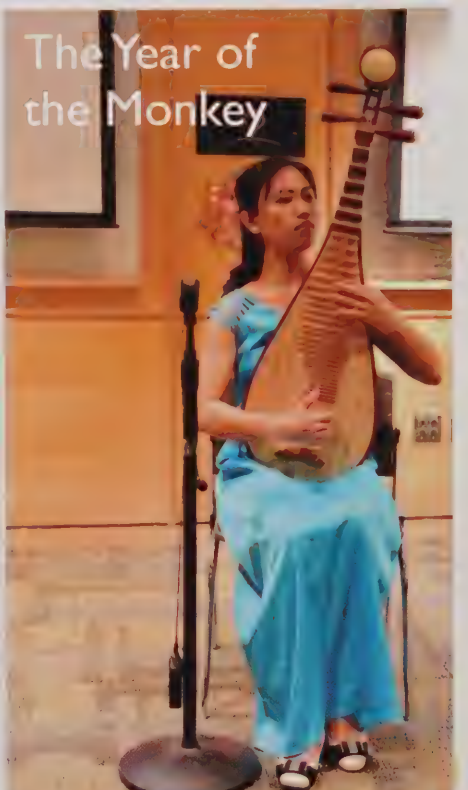
MGH staff are invited to submit a nomination and recognize the work and dedication of successful teams/programs, individuals and leaders at the MGH that went above and beyond last year. Nominations are being accepted through Feb. 26. Award winners will be recognized at a June 1 ceremony.

Forms can be found at *http://www.surveygizmo.com/s3/2567779/ServiceExNomination*.

Change in *Hotline* schedule

MGH Hotline will not publish Feb. 19 because of the Presidents Day holiday. The regular publication schedule will resume Feb. 26. For more information, email *hotline@partners.org*.

MUSICAL MERRY-MAKING: Tian Fuying treated MGHers and their families to traditional Chinese music at the annual Lunar New Year's Celebration Feb. 5, hosted by the MGH Chinese Scientists and Staff Association (CSSA). Here, Fuying plays a famous Chinese song "Dance of the Yi Nationality" on the pipa – one of the oldest traditional Chinese string instruments, sometimes called the lute or guitar. Despite the snowy weather, more than 300 people attended the event in the Simches Building. This year's celebration, one of the largest the CSSA hosts each year, welcomed the Year of the Monkey with a festive dinner, music, dancing and games.



MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

SMILES FOR MILES: Connors with her finishers medal after completing the 2015 Boston Marathon

Running it forward

MEGHAN CONNORS is running the 2016 Boston Marathon for MassGeneral Hospital *for* Children's (MGH*f*C) pediatric cancer team because she knows what it's like to be a young cancer patient who benefits from the team's fundraising efforts.

As a 3-year-old, Connors was treated at the MGH*f*C Division of Pediatric Hematology and Oncology for neuroblastoma, a cancer that grows in the nerve tissue of infants and young children. "One of my first memories in life is being in the hospital at Mass General and playing with shaving cream and food coloring," she recalls. After two surgeries, she's been cancer-free.

"I want to help other children get the lifesaving care that I received," says Connors, who will turn 31 on April 17, the day before running her second Boston Marathon to benefit "Fighting Kids' Cancer ... One Step at a Time."

Last year she ran for a teenage boy with lymphoma as part of the Patient Partner Program, which matches runners with pediatric patients undergoing cancer treatment in order to raise funds and awareness for pediatric cancer research. He kept her centered amid difficult training through last winter's record-breaking snow and frigid temperatures. "I may have aches, pains and mental blocks, but I know I can get through them," says Connors. "When you hear someone else's story, it puts everything in perspective. You're

(Continued on page 4)

Attorney General's Office partners with Home Base

THE HOME BASE PROGRAM, a partnership of the Red Sox Foundation and the MGH, has launched a new set of online training offerings made possible by a competitive $1 million grant award from the Massachusetts Attorney General's Office. The goal of this partnership is to arm first responders and health care professionals with knowledge to help them identify veterans and military families who suffer from the invisible wounds of war and to help them overcome the stigma of seeking care.

The "Serving Those Who Have Served: Practical Approaches to Addressing the Invisible Wounds of War in Post-9/11 Service Members and Veterans" courses are brief, free and on-demand and fall within the Home Base Training Institute. They cover post-traumatic

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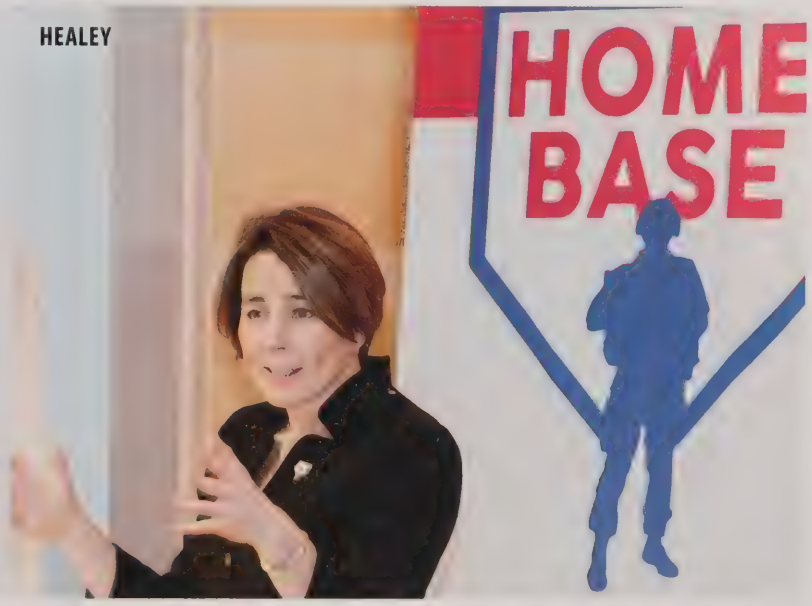

Shining a light on racial health care disparities

"WHERE ARE WE? What must we do? What does the future hold?"

These were the three final questions posed by W. Michael Byrd, MD, MPH, and Linda Clayton, MD, MPH, during the Feb. 16 seminar "Racial & Ethnic Health & Health Care Disparities & Dysfunction: Historical & Contemporary Issues." A crowd filled the Ether Dome to listen to the presentation on the crisis in the health care system today.

The event was part of the Racial and Ethnic Disparities: Looking Back Seminar Series, hosted by the Disparities Solutions Center in honor of Black History Month. The series reviews a key historical topic in racial and ethnic disparities and highlights its effect on present-day configurations of disparities.

Byrd and Clayton are authors of the two-volume Pulitzer Prize nominated book "An American Health Dilemma," health policy experts and also husband and wife. Their work focuses on the medical history and health experience of African Americans and other populations that experience disparities in the U.S. health system.

"If we are to solve the problems of racial, ethnic and class inequalities and disparities, we must first understand the root of the problem," said Byrd. "Cultural competence arms us with the first weapon we must have." He presented the development of the unequal health system that evolved throughout history and explored present-day disparities in the health care system.

"We must pose the question – can the health system shed the dark legacies of its racist, unethical health policies and medical-social past?" asked Clayton, who also spoke of the health care disparities in Massachusetts, and the impact the Affordable Care Act has had on disparities. ■

QUESTIONS OF CONSCIENCE:
Joseph Betancourt, MD, MPH, director of the Disparities Solutions Center with Byrd and Clayton

MGH introduces updated Employee Alert System

ON MARCH 1, the MGH will upgrade its Employee Alert System. This updated system will offer the same alert capabilities as our current system, but with improved features, customization options and user-friendliness.

All current MGH employees will be subscribed automatically to the upgraded system. You will receive messages from the hospital in the event of weather, public transportation or other emergency.

As a subscriber, you will have the option to further customize your notification preferences or opt-out, if desired. These preferences may be overridden in the event of an immediate life threatening situation or if you are part of certain response teams.

WHAT DO STAFF NEED TO DO?

From your work desktop, go to Partners Applications > Utilities > Partners Employee Alert System to log into the member portal. From there, you can customize your notification preferences, verify your contact information and choose which Partners institutions you receive alerts from.

If you would like to receive notifications on your mobile phone, please make sure this information is in the Partners Telephone Directory (PPD). If you do not want your mobile phone to be publicly visible, you can mark it confidential.

All current MGH employees will be subscribed automatically to the upgraded system. You will receive messages from the hospital in the event of weather, public transportation or other emergency.

Optional: Download the free mobile app, ContactBridge, which will allow you to receive Employee Alert System notifications on your smartphone and interact with the system. You can login to the app using the single sign-on key phrase "partners1" (case sensitive) and your Partners username and password. You can download this app from the Apple App Store or in Google Play.

Open a HelpDesk ticket if you need technical assistance using the Employee Alert System.

NEW FEATURES

The upgraded Employee Alert System includes the following conveniences:

- Users decide how they would like to be notified, and in what order the system should use these methods to try and contact you. For example, you can tell the system to try your mobile number first, followed by your home phone number and then email. When an alert is sent, the system will attempt to reach you via your mobile phone. If it succeeds, it will make no further attempts. If it does not reach you, it will continue to try and reach you at all of the contact methods you have listed, in the order you indicate.
- Your member account uses your Partners user name and password. Separate log-on information is not required.
- Your contact information is synched once a day with existing databases such as PeopleSoft and the Partners Paging Directory which means if you update your phone number in the source location, such as PeopleSoft, the Employee Alert System will update with no additional action required by you.

NeuroInterventional Spine Program treats two generations

AN ACTIVE OCTOGENARIAN, John Higgins walked up to four miles a day to stay fit. But one night last winter, he slipped on a sheet of ice. "I went down and hit my hip," he says. He remembers the agony he felt on both sides and across the middle of his back. "I couldn't take a step without excruciating pain. There was nothing I could do."

When the pain did not abate, Higgins met with his primary care physician who referred him to the MGH Center for Pain Medicine for a complicated fracture of the sacrum. After medication provided little relief, Shihab Ahmed, MD, the center's medical director, referred him to Joshua Hirsch, MD, neurointerventional radiologist in the NeuroInterventional Spine Program in the Department of Radiology.

Higgins recognized Hirsch right away. "When he first walked into the room, I couldn't believe I was meeting the same doctor who changed my mother's life," Higgins says.

Five years earlier, Higgins' 99-year-old mother Mary Higgins was admitted to the MGH with osteoporotic fractures in her vertebrae. The pain was uncontrollable, confining her to her hospital bed. Hirsch performed a minimally invasive, image-guided procedure called a vertebroplasty to stabilize the fractures and remove the pressure that was agitating the spinal nerves.

"Patients with fractures like Mr. Higgins and his mother often come to us with this type of pain, and it impacts their ability to do day-to-day activities," says Marion Growney, nurse practitioner in the NeuroInterventional Spine Program. "Thankfully, we were able to offer them both an option to bring back their vibrant quality of life."

LIKE MOTHER LIKE SON: John Higgins with Hirsch and Mary Higgins (inset left)

Like his mother, Higgins' fracture caused debilitating pain. He couldn't sit, stand, or lie down comfortably. In a procedure similar to the one he performed on Higgins' mother, Hirsch used image guidance to inject medical cement into one of the fractures.

"The cement acts like an internal cast," Growney explains. "It aligns the bones, and decreases the pain."

"After the procedure I felt really good," Higgins says. "I was shocked." He exercises regularly as part of a rehabilitation program while he continues to improve.

"It took me a long time to get back to activities," he adds. "Even though I still have a little trouble going up and down stairs, I hope I'll be back to normal with continued rehabilitation."

To learn more, visit *massgeneralimaging.org.* ■

— Home Base

(Continued from page 1)

stress disorder, traumatic brain injury, substance abuse, identification of suicide risk and understanding how the unique post-9/11 military culture affects care.

"For these trainings, we targeted professionals who may have regular contact with veterans and have the opportunity to help recognize those at risk or in need of services – police, firefighters, EMTs, nurses and rehabilitation professionals such as physical therapists, occupational therapists and speech language pathologists," says Naomi Simon, MD, chief medical officer for Home Base.

The new initiative was announced at a Feb. 12 press conference at the Simches Research Center. In attendance were veterans, first responders and leaders from Home Base, the MGH, the community and the state. Poignant videos of veterans sharing their stories were coupled with encouraging remarks from Simon; MGH President Peter L. Slavin, MD; Massachusetts Attorney General Maura Healey; Department of Veterans' Services Secretary Francisco A. Ureña; House Chair for the Joint Committee on Veterans and Federal Affairs Jerald Parisella; and Director of Veteran Outreach for Home Base Bill Davidson.

"This initiative gives those on the front lines in Massachusetts and across the nation the tools they need to better recognize and overcome barriers to care," said Healey. "We are pleased to work with Home Base to implement these trainings and inspire first responders to better support service members and veterans in our communities."

To learn more about the Home Base Program and to access the trainings, visit *http://homebasetraining.org.*

'Know your numbers'

IN RECOGNITION OF Hearth Month, Malissa J. Wood, MD, FACC, co-director of the MGH Corrigan Women's Health Program, presented tips for a healthy heart at a Feb. 17 lecture at the Paul S. Russell Museum of Medical History and Innovation.

WOOD

During her talk – "You and Your Heart: Make 2016 the Healthiest Year of Your Life" – Wood said that although the introduction of statin treatments in the 1990s resulted in improvements to heart health, cardiovascular disease remains a top cause of death in the U.S. She presented a checklist of ideal numbers for cholesterol, blood pressure, low fasting blood sugar and body mass index and also discussed the importance of physical activity and diet. Throughout her talk, Wood encouraged those in attendance to "know your numbers" and stressed that reaching ideal criteria may only take small changes.

"Our goal and the goal of the American Heart Association is to reduce all cardiovascular deaths by 20 percent and stroke by 20 percent by the year 2020," Wood said. "Think about how you can come up with your own plan to reduce your risk of cardiovascular disease, have a better quality of life and spend time enjoying those people around you. Think of one or two steps you can take and set realistic goals."

— *Running it forward*

(Continued from page 1)

reminded of why you started to run in the first place and why you continue to push yourself every single day."

As a result of her own experience, Connors has never been afraid to take risks or make changes in her life. "I feel like it helps to know you've gone through obstacles before and overcame them," she says.

A year after graduating from Bentley University with a degree in business management, she moved to Utah for a change of scenery and to ski. She later returned to the Boston area to attend culinary school. Now back to her business interests, she is in charge of quality content at Trip Advisor.

Connors was an MGH volunteer while in college, but always wanted to do more. She saw the pediatric cancer team as a way to give back.

Since 1998, John Hancock has provided the MGH Marathon Program with bib numbers. This has enabled the hospital to raise more than $11 million to support research and child life activities for children with cancer. For the past two years, nearly $700,000 also has been raised for the hospital's emergency preparedness and disaster training.

"I love training with the team," she says. "It makes a huge difference to do it for something bigger than just for myself." ■

This story is part of a series that MGH Hotline will publish in advance of the 2016 marathon featuring the "Fighting Kids' Cancer ... One Step at a Time" and the "Ready When Seconds Count" teams. The latter supports emergency preparedness and disaster training. In addition, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

Building teamwork block by block

LEARNING WITH LEGOS: Recently a team of 60 surgeons, anesthesiologists, nursing and perioperative support staff from across the Departments of Surgery, Anesthesia and Perioperative Nursing participated in a team training exercise. This session was the most recent in a series of surgical team training exercises conducted by the departments in the operating rooms to enhance interprofessional teamwork across the teams.

The tabletop exercise asked the teams to work together to problem-solve a complex Lego puzzle. After completing the puzzle, the groups spent time discussing the effectiveness of the teamwork during the exercise and how it related to their work within the operating roomss. The simulations were led by Denise Gee, MD, of the Department of Surgery and were supported by the MGH Learning Laboratory.

"This is a great example of MGH's efforts to ensure a just and safe culture of care," says Andrea Paciello, executive director for Teaching & Education. "The MGH Strategic Plan identified the strategic goal of increasing deliberate practice throughout the organization. This type of activity is a terrific example of how the MGH is meeting its goals for increased reflective, deliberate practice as a means to improve quality of care."

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGHers honored with Bowditch Prize

PHENOMENAL ACHIEVEMENTS:
From left, Dunn, Tenney, Warshaw and Mansour

THREE MGHERS were honored Feb. 24 with this year's Bowditch Prize, named for the self-taught 19th century celestial navigator Nathaniel Bowditch, who helped raise funds for the construction of the MGH in the early 1800s. The prize recognizes employees' significant contributions to enhance the delivery of quality patient care while also reducing the cost of that care.

This year's Bowditch Prize brought forth 21 nominations, the most ever received by far in the 15 years since the prestigious honor was first presented. "Every single one of these nominations was justified to win," said Thomas J. Lynch Jr., MD, MGPO chairman and CEO. "The depth and range of each of these individuals and teams is just extraordinary."

Out of the nominations, two phenomenal achievements stood out, and both were honored with the prize. Peter Dunn, MD, executive medical director of Perioperative Services, and Dawn Tenney, RN, associate chief nurse, were recognized for establishing and leading multidisciplinary value analysis teams for cost awareness and reduction strategies, including all aspects of perioperative care across the Partners

(Continued on page 3)

Special delivery

LITTLE LEAPLING:
David Florez Malachias, pictured here with parents David Malachias and Maria Garcia, was born at the MGH on Feb. 29. He was one of five leap day babies born at the hospital this year. On the last leap day, in 2012, the MGH recorded 10 "leaplings." David joins a small but special club of babies born on leap day, as the chances are just one in 1,461.

Springing forward on the right foot

IN HONOR OF National Sleep Awareness Week, Matt Bianchi, MD, PhD, chief of Sleep Medicine at the MGH, provides tips for maintaining good sleep and beating the clock just in time for daylight saving time, which begins March 13.

What is the most difficult part about daylight saving time?

Daylight saving time feels like sleep is being "stolen" from us. That puts the whole transition in an adversarial context. It may not be as simple as going to sleep an hour earlier the night before. We do know that some people find the shift in time difficult because they don't, or can't, manage to get to sleep any earlier, yet they have to wake up an hour earlier the next day because the clock moves forward. To add to that, for some people the anxiety or frustration about losing the hour of sleep might actually compound the hour shift and lead to an even tougher night of sleep.

What are some frequent complaints or issues people have pertaining to sleep after setting the clock forward?

People may feel more fatigue or sleepiness on the first day of forward clock shift, or might have trouble waking up at the earlier hour to begin with (i.e., sleeping through their alarm). This can lead to attention, concentration or mood problems during the day for some people. In the spring when we "spring forward," we may lose access to morning light, which is a strong circadian signal that anchors the clock to the time zone as well as an "alerting" signal. People who are night-owl types, which is not uncommon among teens and young adults, may find this transition particularly difficult.

How long does it take to adjust and get back to normal sleep?

One way to answer this is to think about how someone may have responded to time zone travel in the past. Many people can tolerate one, two or even three time zone shifts easily, and seem to adjust without problem. Daylight saving time is like having a one-hour time zone shift. In general, for longer shifts, it is thought that the body can adjust one hour per day. But there is a wide range of individual differences in all aspects of sleep, and response to clock shifts is no different.

BIANCHI

What tips can you offer to ease the transition and maintain normal sleeping habits?

If someone is sensitive to time changes, or concerned about waking up early after daylight saving time, one idea is to make the change more gradual in the days leading up to the time shift. For example, one could try going to bed 20 minutes earlier two days before the daylight saving shift, then 20 minutes earlier than that on the day before the shift, so that by the night of daylight saving time your final 20 minutes will place you a full hour earlier, and you will be aligned with the new clock schedule. For some people who are highly sensitive to sleep shifts, an even more gradual shift might be best. Another important point is that one will want to minimize challenges to sleep around this time if possible. In other words, one should follow good sleep practices leading up to the time shift, to give the body the best chance of a smooth transition.

(Continued on page 4)

Simches cafeteria to become 24/7 marketplace

THE FIRST OF three phases to renovate the cafeteria in the Richard B. Simches Research Center is set to begin this month. The project will convert the space from a lunchtime full service cafeteria to a 24/7 food and drink marketplace to provide expanded offerings and meet growing space needs within Simches. The end result will be an eatery that can serve the same customer base it has today in a smaller footprint. It will offer a wider variety of food choices, changed daily, at the same or better price points.

The Simches cafeteria is being renovated as the need grows for additional research, administrative and conference room space in Simches. However, its square footage footprint is both inefficient for the number of people it serves and outdated in terms of how food is prepared and served.

Phase 1 involves converting the back window seating area into offices and is set to be completed in September. Although there will be a temporary loss of seating capacity, from 80 to 40, the cafeteria will remain operational.

Phase 2 will run from August through December and will close the cafeteria. Expanded vending services will be made available during this phase until the new marketplace opens, providing a high-end, honor system vending and open counter marketplace, serving an expanded variety of fresh hot and cold entrees on a 24/7 basis. This phase also restores the seating capacity back to 80.

Phase 3 will run from February through August 2017 and will add a general purpose, 20-seat conference room and more offices to better serve the employees.

LOOKING AHEAD: A rendering of the new Simches Marketplace

eCare Corner

April 2 marks final Partners eCare implementation

ON APRIL 2, all remaining MGH ambulatory practices and all inpatient services will go live with the Epic system as part of the hospital's final Partners *e*Care launch. The entire MGH community has a role in the implementation of the new electronic health record. While clinicians and administrative professionals are more directly affected, all staff should keep well informed to ensure a smooth transition and be able respond to any questions from patients, their families or caregivers and the local community.

A few key points to remember:

- Partners *e*Care offers an improved registration, scheduling and billing process and a more integrated health record across all of the hospitals in the Partners HealthCare network.
- By supporting the day-to-day work of the hospital's clinical departments and programs, the clinical implementation of Partners *e*Care will help patient care teams manage high-risk patients, reduce readmissions, and better coordinate mental health, palliative care and other patient needs.
- The ultimate goal of Partners *e*Care is to achieve the following: "one patient, one record, one team, one Partners statement." By enabling information to securely and seamlessly flow throughout the Partners network, it ensures that health care teams have access to all of a patient's information in the safest and most secure way regardless of where the patient is treated.
- Implementing the Partners *e*Care system is a major undertaking that requires a great deal of time, patience and training. Staff who will use Epic must complete their training requirements to gain access to Epic beginning April 2. For questions, call (617) 643-8527.
- All staff are encouraged to stay up-to-date with the latest happenings by talking with their managers and visiting the MGH pages on *partnersecare.partners.org.* ■

— Bowditch Prize

(Continued from page 1)

system. These teams have achieved a savings to date of $20 million across Partners.

Moussa Mansour, MD, director of the Cardiac Electrophysiology Laboratory and the Atrial Fibrillation Program, also was honored for creating the Atrial Fibrillation Emergency Department Protocol. This pathway provides a clear treatment algorithm for patients with atrial fibrillation that is aimed at preventing unnecessary admissions and reducing length of hospital stay. Mansour plans to expand this program across Partners.

"There is nothing that strikes joy more in the heart of a trustee than providing the best care for low cost," said Cathy Minehan, chair of the MGH Board of Trustees. "All the care that goes on here, the research, the efforts for best quality of practice while reducing cost, it is all of those things strung together that make the Bowditch Prize what it is."

Andrew Warshaw, MD, former MGH surgeon-in-chief and chairman of the Bowditch Prize Selection Committee, congratulated each of the winners, as well as all 21 nominees. "Every year, the selection process becomes just that much more difficult as we continue to get more and more great work," said Warshaw. "I can tell you it is both fascinating and exciting, and every year it just gets better." ■

Worth every step

FOR SARA COLE, testing her endurance through competitive sports has taken the 37-year-old athlete across the United States. However, when her son Zachary was born on March 6, 2012 with Hirschsprung's Disease – a congenital condition where the absence of nerve cells in the lower colon causes intestinal obstruction – her physical, spiritual and emotional endurance was tested to a much higher degree.

IN COLE'S CORNER: Zach, who is a motivation for his mom's running this year's marathon

Zach was diagnosed by the MassGeneral Hospital *for* Children Pediatric Surgery team while still in the Neonatal Intensive Care Unit. In the years that have followed, he has spent months of his life on the Ellison 17 inpatient unit while undergoing countless surgeries and procedures to correct the issues with his colon.

"It's hard to put into words why I want to run for MassGeneral Hospital *for* Children, but they have literally saved my 3-year-old son's life," says Cole.

Throughout Zach's stays at the MGH, the pediatric nurses have become like extended family. During his 2015 extended hospitalization, Elise Burge, RN, cared for him on her last shift before running the Boston Marathon as a member of the MGH "Fighting Kids' Cancer ... One Step at a Time" team, which raises money for pediatric cancer research and quality of life programming that helps patients cope with complicated illnesses.

Burge found motivation in her patients, especially Zach, on race day. "I was running for the children and families at MGH*f*C with whom I spend countless days and nights. They should be the ones cheered for on those 26.2 miles to Boylston Street so they know what it feels like to have hundreds of people in your corner."

Cole decided to join the MGH marathon team this year as a way to give back to the hospital and staff, with the support of Burge who is again running for the pediatric team.

The 3-year-old is growing and thriving and that is all his mother could have hoped for. "At first the thought of running so many miles was daunting," says Cole. "However, it's nothing compared to what these kids and their families have fought and are fighting through. They are worth every step!"

This story is part of a series that MGH Hotline will publish in advance of the 2016 marathon featuring the "Fighting Kids' Cancer ... One Step at a Time" and the "Ready When Seconds Count" teams. The latter supports emergency preparedness and disaster training. In addition, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

Global Health Service Awards nominations open

MGH STAFF who would like to recognize a colleague who is dedicated to solving health inequities either locally or abroad are invited to nominate them for the first Global Health Service Awards. The awards were established to honor innovation, dedication and commitment in the field of Global Health.

All MGH employees with projects that benefit local, national or international communities are eligible for a Global Health Service Award.

The three 2015 Global Health Service Awards are:

- **Teaching and Mentoring Award:** Awarded annually to an employee who has demonstrated exemplary leadership through education and mentorship of local or foreign faculty and students.
- **Excellence in Research Award:** Awarded annually to a researcher whose work improves care for vulnerable populations through the creation and sharing of new knowledge.
- **Humanitarian Award:** Awarded annually to an employee whose actions and commitment has demonstrated extraordinary compassionate care for a local, national or international community in dire circumstances.

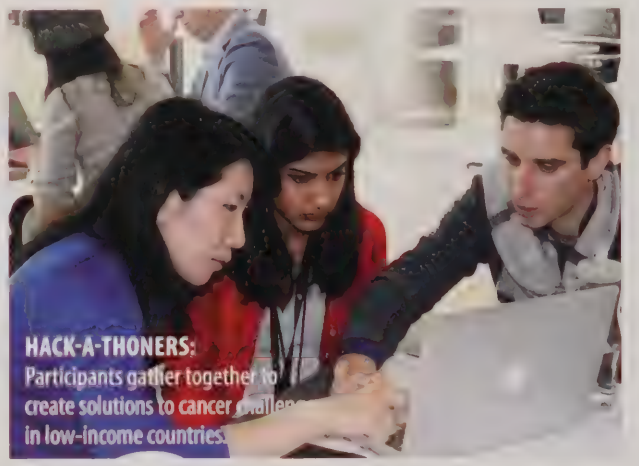
Applications close March 31. Recipients will be announced during the Global Health Expo on May 10.

Fill out an application and find out more information at *www.globalhealthmgh.org* or email *globalhealth@partners.org*.

Hack-a-thon spurs innovation for global cancer care

INSPIRED BY STORIES from the field and passionate about transforming cancer care around the world, more than 180 global health experts and innovators came together Feb. 27-28 at the MGH for the Global Cancer Innovation Hack-a-thon.

Over two days, participants formed cross-disciplinary teams of clinicians, engineers, entrepreneurs and designers to develop solutions to existing cancer challenges, particularly those afflicting patients in low-and middle-income countries. From low-cost screening devices to patient empowerment tools, participants created more than 20 innovations in 48 hours and presented their prototypes to a panel of judges. A total of $3,000 was awarded to winning teams in a number of categories, including "Most Implementable Technology," "Most Innovative Solution" and "Best Business Model."


HACK-A-THONERS: Participants gather together to create solutions to cancer challenges in low-income countries.

The event was organized by the Consortium for Affordable Medical Technologies (CAMTech) at the MGH Center for Global Health, Global Oncology and the MGH Cancer Center. The event included a special Voices from the Field panel discussion offering firsthand accounts from global oncology experts and a cancer survivor. More than 30 clinical, technical and business experts also were available to mentor participants as they worked around the clock to pitch ideas, prototype solutions and develop business models for their innovations.

"The economic and emotional burden of cancer is devastating no matter where you live, but in low-and middle-income countries, it can mean choosing between feeding your family and seeking care," said Thomas (Ti) Jones, MD, a Peace Corps volunteer in Mbarara, Uganda, who also served as a mentor and panelist. "This weekend I saw so many enthusiastic innovators developing technologies so that cancer patients don't have to face that choice."

In addition to the events in Boston, participants in Uganda and India participated in the hack-a-thon remotely, sharing ideas on social media and presenting their technologies via teleconference in India and to a separate group of judges in Uganda.

"This hack-a-thon experience was so unique because we had access to medical professionals and mentors from all over the world," said participant Nancy Hung, an MIT student. "Their stories and experiences were so inspiring and really helped structure how we developed our project." ■

— *Springing forward*

(Continued from page 2)

What should people not do during daylight saving time pertaining to sleep? Any myths you'd like to debunk?

I simply say don't take sleep for granted and don't assume that you can just fight through it. The day or two after daylight saving time might take more of a toll than it feels like. Sometimes friends and family notice that one might seem more tired or less focused or more easily irritated, even if they don't notice it themselves. In much of life, various experiences that disturb sleep may come unexpectedly and we can only react to them; daylight saving is an example where a person can take control and take steps to make the transition smooth with a little bit of planning. ■

MASSACHUSETTS GENERAL HOSPITAL

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OCT 16

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

HUBweek 2016

INNOVATORS AND ENTREPRENEURS gathered at the Liquid Art House March 2 to officially announce Boston's second annual HUBweek. Once again, the MGH will join Harvard University, MIT and the *Boston Globe* to host the unique festival and civic collaboration designed to highlight Boston as a center of innovation in science, technology and art. HUBweek will take place Sept. 25 through Oct. 1.

Throughout HUBweek, attendees will have the opportunity to attend engaging, challenging, educational and entertaining programs throughout the day and into the evening at the MGH and other key locations throughout the city.

Last year, more than 2,000 people participated in the MGH HUBweek programs. The hospital hosted more than 100 speakers including Massachusetts Gov. Charlie Baker, retired U.S. District Court Judge and Harvard Law professor Nancy Gertner, award-winning author of "Still Alice" Lisa Genova, former New England Patriots and New York Giants Linebacker Ed Reynolds and WCVB news anchor and cancer survivor Kelly Tuthill.

MGH programs included De-Stress Boston, where close to 400 people gathered to learn relaxation techniques taught by the Benson-Henry Institute for Mind Body Medicine; a lecture series featuring women in medicine; and a health policy gathering focused on value-driven care.

To learn more about this year's events and see highlights from HUBweek 2015, visit *www.HUBweek.org* ■

On course for a cure

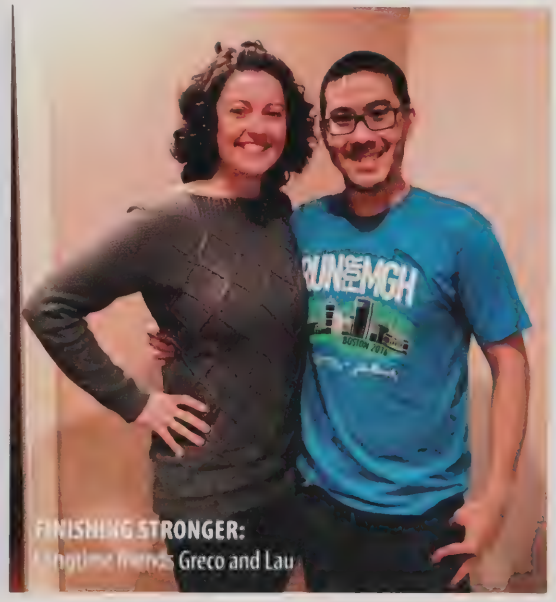
"CAN YOU GUYS COME OVER?"

With one short text on a Saturday night, Bryan Lau's stomach dropped and he knew his world was about to change. For weeks, his longtime best friend, Kate Greco, 31, had been suffering from unexplained pain and was undergoing exploratory testing to determine the cause.

The severe pain was due to transitional cell carcinoma of the bladder. "I instantly began to ask myself, 'How could this happen?'" says Lau. "For someone so young, energetic and so giving to others to get such an unexpected diagnosis seemed so unfair."

While balancing work, graduate classes and volunteering, Lau also became the center of a quickly evolving support network. He spent Christmas Eve on Ellison 6 as Greco recovered from an eight-hour bladder replacement surgery in which surgeons constructed a new vesicle, called a neobladder, out of her intestine. He organized bracelet sales and a pasta dinner with friends to help cover the cost of treatment while secretly making a video to surprise Greco on her first day of treatment, during which Lau never left her side.

(Continued on page 4)



FINISHING STRONGER: Longtime friends Greco and Lau

ResearchRoundup

RESEARCH ROUNDUP *is a new series that Hotline will feature monthly. The column will include a recap of some recent hospitalwide research news from the MGH Research Institute. This is the first in the new series.*

BARIATRIC SURGERY MAY BENEFIT HEART FAILURE PATIENTS

A new MGH research study found that heart failure patients who underwent bariatric (weight loss) surgery to treat morbid obesity had a significant reduction in the risk for heart failure exacerbation in the two years following the surgery.

Heart failure exacerbation is a dangerous, sudden worsening of symptoms that includes shortness of breath, swollen legs and abdomen and sometimes chest pain and dizziness. Yuichi Shimanda, MD, MPH, of the Cardiology Division, is the lead and corresponding author of the study.

DETERMINING THE ROLE OF TUMOR SUPPORT CELLS

In the ongoing quest to better understand the mechanisms of cancer, a research study led by Biju Parekkadan, PhD, of the Center for Engineering in Medicine, found that eliminating cells believed to aid tumor growth did not slow or halt the spread of cancer, but in fact increased the growth risk of the primary tumor in lab models.

More research is now needed to determine if this unanticipated result might be due to the timing of when the support cells were eliminated, or if targeting these cells may not be a viable approach.

EXPLORING A NEW TREATMENT OPTION FOR DEPRESSION

A clinical trial of an experimental drug for treatment-resistant depression found that targeting the body's natural opioid producers in addition to the traditional neurotransmitters associated with depression, such as seratonin, may help to relieve persistent symptoms of depression.

Studies have shown that levels of natural opioids may be reduced in patients with persistent depression. The study was led by Maurizio Fava, MD, director of the Division of Clinical Research and executive director of the Clinical Trials and Network Institute.

MONITORING MENTAL HEALTH BY SMARTPHONE

Can a smartphone app provide an early warning system for individuals with mental health issues? That is the question that a research team from the MGH MoodNetwork hopes to answer in partnership with the Boston company Cogito.

With user permission, the app tracks how often individuals text or call others, uses location data to detect when a person is not leaving the house for long periods of time and has a voice diary that can analyze a short message from users to identify signs of distress.

The study will track the use of the app by 1,000 patients with depression and bipolar disorder. It will be led by Thilo Deckersbach, PhD, associate director of the Bipolar Clinic and Research Program.

SAVE THE DATE FOR SAC

The annual Science Advisory Council Celebration of Science event will take place on April 6 and 7 in the Simches Research Center. The event will begin with the annual research poster session, which will feature all electronic posters for the first time.

The event, organized by the Executive Committee on Research, also will include two days of scientific awards and presentations, and a progress report on th first 10 years of the hospital's thematic research centers

MORE RESEARCH NEWS

More information about the many happenings withi the research community can be found by visiting *massgeneral.org/researchnews*. Email research update to *researchinstitute@mgh.harvard.edu*.

Scoring off the ice

ON FEB.20, patients from the MassGeneral Hospital *for* Children (MGH*f*C) Hematology and Oncology Clinic traveled to Harvard University's season-ending home game against Colgate University. Tickets were coordinated by Kyle Criscuolo, co-captain of the Harvard University Men's Hockey team, and Adam La Reau, a former Navy SEAL and founder of One Summit, a program that helps pediatric cancer patients build courage and self-confidence to fight the disease.

The patients first met the Harvard players in January when they took to the ice for an afternoon skate and pizza party.

"While teaching the kids to skate, we realized the kids were teaching us more about resiliency and embracing adversity than we could ever teach them," says Criscuolo. "We're in awe of their courage and feel fortunate to have gotten to know each of them."

During last month's game, MGH*f*C patients, their siblings and families watched Harvard defeat Colgate from the seats typically reserved for players' friends and family in the Bright-Landy Hockey Center. The honorary guests were then ushered into the tunnels of the rink and emerged in the team's locker room, where they again had the opportunity to spend one-on-one time with their newfound friends.

Donning Harvard jerseys – a gift made possible by Harvard COOP's Manager Jerry Murphy and the Director of Community Relations Tom Lucey – the patients received another special surprise gift – hockey sticks from the players. In return, the players received thank you notes and support signs.

"Whether you're a Navy SEAL, a hockey player, or a patient undergoing cancer treatment, having someone by your side while battling adversity is so important," says La Reau. "As part of our relationship with Harvard, we've joined our little warriors

(Continued on page 4)

TEAMMATES TOUGH IT OUT: Tyler Moy, a junior on the Harvard Hockey team, with MGH*f*C pals

eCare Corner

Q&A with Alexa B. Kimball, MD

IN PREPARATION *for the final Partners eCare launch on April 2, Alexa B. Kimball, MD, senior vice president of the MGPO, provided some insight into the looming launch, answering questions to help all staff get ready.*

What is happening right now in preparation for go-live on April 2?
The MGH Partners *e*Care team is working with the inpatient and outpatient groups going live, providing readiness checklists, support and making sure the Super Users and Uber Users are ready to assist their colleagues and answer their questions during go-live. We are also preparing patient materials so that they will know we are going through this change and to set expectations about what it will mean for them.

What should staff be doing to get ready?
Just like preparing for any other competency assessment, staff should make sure they have completed all the components of training. Practice, prepare and plan for contingencies is the next essential step. The first patient encounter that was closed during Wave 1 was by a provider who had put in extra hours of preparation to get comfortable with the system. Figure out as a team what you will do if there is a question we can't answer. What questions can you anticipate? What plan can be put into place to manage the obstacles we can't anticipate? Be realistic and expect bumps in the road, but also remember that things will improve.

Any tips on training?
Our patients are depending on us to manage this change well. Completing all parts of your training in a timely manner will ensure we continue to provide safe and effective care.

How will this affect all staff?
Wave 1 implementation went well, and there are currently a total of 3,700 ambulatory users using Partners *e*Care at the MGH. With the April 2 go-live all of the hospital will be on it, so it is important to remember we're all in this together. Let's be patient with each other and help each other during this transition. The new system will allow us to improve a wide range of clinical approaches to care, our IT interfaces and communication among providers.

KIMBALL

What did we learn in Wave 1 that will help us in Wave 2?
During the three smaller waves – 1A, 1B and 1C – we learned about the common issues users can expect and have communications and tip sheets that will help staff work through these. We learned that the support system the MGH and Partners *e*Care teams have set up to triage questions worked really well. Embedded Super Users and Uber Users answered basic questions. More complex questions were passed up the chain to Area Commanders and the MGH and Partners *e*Care leadership, and they made sure to assign them to the right teams. Most of the more complex questions were answered within 24 hours.

What can staff expect before, during and after go-live?
In the three days before go-live, the MGH Partners *e*Care team will send out daily messages with FAQs, helpful tips and top issues to anticipate to help with a smooth transition. During go-live, the team will send daily communications to all users reporting on technical and workflow issues, along with tips on how to address them or the status of the technical fix if one is needed. The MGH and Partners *e*Care technical teams and Practice Support also will be deployed as needed to areas that need extra help. After, we will continue to have help and resources available as well as ongoing communications. ■

Athlete with lung cancer finds needed care at the MGH

TWO YEARS AGO, Yariv "Dolio" Kafri was an active, committed 47-year-old athlete. A one-time member of the Israeli national volleyball team, he had played soccer for many years, and was a surfer, triathlete, yogi and biker. He was in excellent physical condition and had never smoked a day in his life.

One September morning, Kafri was surfing near his home on Long Island when he was struck on the head by his board. He didn't think it was serious, but started seeing "floaters" in his left eye. At the hospital, doctors told Kafri they had found a tumor behind his ear. A body scan revealed more tumors, including a large one on his left lung.

The diagnosis was stunning – stage 4 lung cancer, the leading cause of cancer deaths in the United States. Kafri had non-small-cell lung cancer (NSCLC) with several mutations. In a striking coincidence, Kafri's brother-in-law is a researcher who studies lung cancer. He advised Kafri to seek out the leading authority on his form of cancer. That's what led him to Alice Shaw, MD, PhD, of the MGH Cancer Center.

Kafri was treated with a drug called crizotinib, which Shaw helped develop. Kafri calls Shaw "a combination of Einstein and Mother Teresa," and adds, "cancer is not only a disease, but a mental state. Not everyone makes you feel comfortable and in good hands. She does both."

How is Kafri doing now? His treatment is ongoing, but incredibly, last August, he ran an ultramarathon in the Rocky Mountains – 58 miles with 9,000 feet of elevation gain – to support Shaw's research. He is also working with his care team to develop a sports/exercise nonprofit program, Supportersize, focusing on empowering cancer patients through exercise. "Training is about perseverance and setting goals," he says. "I want to give the doctors something they can recommend to their patients, just like they've given something to me."

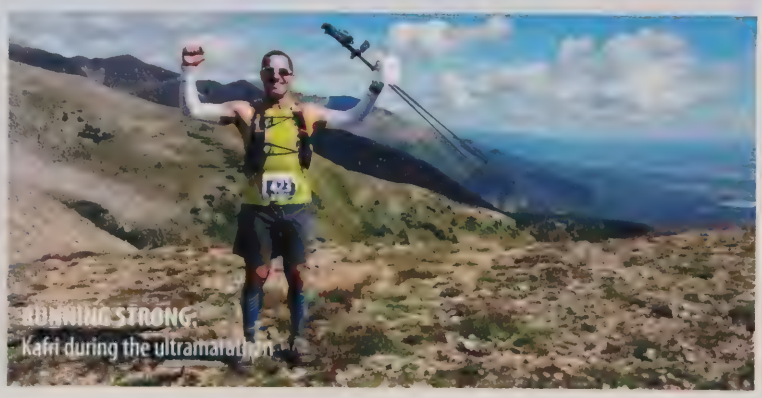

RUNNING STRONG: Kafri during the ultramarathon.

PHOTO COURTESY OF KAFRI

— On course for a cure

(Continued from page 1)

It was there that Lau realized he wanted to do more for those battling cancer. "I'll never forget Kate laughing, smiling and doing her best to be brave. It was the first time cancer touched my life and affected someone I love. It served as a reality check that life can change quickly."

On April 18, Lau will run the Boston Marathon as part of the MGH Marathon team, "Fighting Kids' Cancer ... One Step at a Time." The team raises funds for the Pediatric Hematology and Oncology Division at the MassGeneral Hospital *for* Children (MGH*f*C) for its cutting-edge research efforts, while focusing on young patients' quality of life through child life programming that helps children and their families cope emotionally and developmentally with their diagnosis.

"Though Kate isn't a child, I want to run for her and for all the children dealing with difficult situations at an early age, like Andrew Marshall," says Lau. Andrew and Lau were connected through the Patient Partner Program, which raises awareness about pediatric cancer and provides inspiration to the patients and marathon runners.

On Nov. 11, 2015, Andrew, 16, was diagnosed with acute lymphocytic leukemia and has been undergoing intense chemotherapy treatment that will continue over three years. As a teen, he would prefer to be playing ultimate Frisbee with friends or focusing on his studies as a member of the National Honor Society.

"Frustration is really unavoidable in this situation," says Andrew. "Most days, I find comfort in my friends and family, but hospital stays or exhausting days can put me in the dumps." That's where Lau comes in. The Patient Partner Program has come as a breath of fresh air in an otherwise discouraging time. They have bonded over a shared love of taste-testing new foods and a particular affinity for Kelly's Roast Beef.

Andrew and his mother Paula are looking forward to rooting for Lau during the marathon on April 18th. "I've lost out on doing some of my favorite things this year," says Andrew. "But I'm looking forward to cheering him on during the marathon. He's shown me support after a long day's treatment or in sharing a bite at Kelly's, so I'll be there for him."

Greco agrees, "Fighting cancer is a marathon event. There are ups and downs, but you stay strong; there is simply no other option. You finish stronger than you even thought you were, but that's because of the people around you, like Bryan."

For the second year, Greco's friends and family have collected personal care items that she found comfort in while undergoing treatment and packaged them as "chemo comfort bags" for MGH patients on their first day of therapy. More than 60 bags – filled with fuzzy socks, a fleece blanket, water bottle, lip balm, crossword puzzle book and hard candy – all come with a handwritten note of encouragement.

"When Kate was diagnosed, it rocked our entire family. Crafting the bags allowed our family to give back to the place that had helped her so much," says Allie Ambrose, Greco's sister-in-law. "This project allowed us to come together to make someone's day a little brighter during an otherwise dark time."

This story is part of a series that MGH Hotline will publish in advance of the 2016 Boston Marathon featuring the "Fighting Kids' Cancer ... One Step at a Time" and the "Ready When Seconds Count" teams. The latter supports emergency preparedness and disaster training. In addition, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

— Scoring off the ice

(Continued from page 2)

together with new supportive teammates to help even the odds in their battle against cancer."

Howard Weinstein, MD, director of Pediatric Hematology and Oncology at MGH*f*C, agrees. "The collaboration between our Child Life Team and One Summit has continued to benefit our patients and their families by fostering these positive, role modeling relationships. Through these growing friendships, our young patients share experiences that can strengthen their resolve while allowing them to have fun."

Run for MGH t-shirts available

SHOW YOUR SUPPORT: The MGH Marathon Team is busy training for the 120th Boston Marathon. Show your support by purchasing a 2016 "Run for MGH" limited edition T-shirt. T-shirts are available online at *www.runformgh.org/tshirt* or in the MGH General Store, and all T-shirt sale proceeds benefit the MGH Marathon Teams. The popular Boston-themed T-shirt design has been updated with bright new colors this year to celebrate the 120th Boston Marathon. Supporters are encouraged to take photos wearing the shirt and post them with the hashtag *#run4mgh*. For more information about the marathon program, visit *giving.massgeneral.org/boston-marathon/*.

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

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TIRELESS EFFORT: James V. Bradley, RN, with his son

Speaking up for safety

LEADS BY EXAMPLE. PROACTIVE. INSPIRES. DEDICATED. STRONG ADVOCATE.

These words and phrases stood out time and time again in the nominations for this year's MGH Patient Safety Stars. Fifty staff members were honored for their commitment to safety within the hospital, and 31 of those nominated were celebrated March 16 at an appreciation breakfast in the East Garden Room.

"Safety has really become part of the climate at the MGH," said Elizabeth Mort, MD, senior vice president of Quality and Safety and chief quality officer, addressing the nominees during her opening remarks at the ceremony. "Things are palpably different and that's a very good thing for all of our patients, and it is largely because of all of you."

Safety Stars are nominated by their peers for their efforts to improve and enhance patient safety at the MGH. "These individuals go above and beyond in making this hospital as safe as possible for our patients," said Peter L. Slavin, MD, MGH president. "I want to thank you all who are clearly exemplars for safer care. We are fortunate to have you."

The ceremony was part of a weeklong series of events recognizing National Patient Safety Awareness Week, held March 13-19, which featured the theme "Speak Up for Safety." Each of the Safety Stars' nominations were read aloud, demonstrating the extraordinary care and commitment these individuals have for patient safety.

"Because of the time, the energy and the commitment that you make to think about safety not just in your defined roles and responsibilities, that climate of safety is really in the air," said Mort. "You own that and exemplify that and you are the leaders for others who watch you on a daily basis." ■

As part of the MGH's commitment to quality and safety, Hotline will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations. The first six are on page 4.

Biothreat Response Team training

THIER CONFERENCE ROOM was transformed into a Biothreats Care Unit (BCU) the morning of March 7, as nurses, doctors and the Biothreats Response team gathered for an Ebola Virus Disease (EVD) training simulation.

The room was reconfigured to reflect the BCU with a donning area, a patient room and a doffing room. The exercise began with five participants – including a doctor, nurses and respiratory therapists – putting on their personal protective equipment (PPE) in the donning area. An acting site manager and PPE manager were present to lead the participants through the simulation, just as they would respond in real life.

"It was encouraging to see how well various groups were able to work together when placed in a high stress situation," participants said.

(Continued on page 4)

PATIENT PRACTICE: A care team assessing an EVD "patient" during a recent training

Hasan Bazari, MD, honored with mentoring award

A MASTER MENTOR:
From left, Thomas J. Lynch Jr, MD, MGPO chairman and CEO; Potts; Bazari; Anne Klibanski, MD, chief, Neuroendocrine Unit; and Slavin

DOZENS OF STAFF MEMBERS shared personal stories and words of support in their nominations for Hasan Bazari, MD, program director emeritus for the Internal Medicine Residency Program, who received this year's John T. Potts Jr., MD, Faculty Mentoring Award.

The fifth annual award, sponsored by the Center for Faculty Development, recognizes a senior faculty member who has demonstrated excellence in helping junior staff members on a path to success. Bazari was honored at a March 11 luncheon in the Trustees Room, attended by former award winners and colleagues. Peter L. Slavin, MD, MGH president, read from other letters written in support of Bazari, one of which noted his ability to recognize a person's strengths and weaknesses and understand a person's complexities and full potential.

Bazari was heralded as a quiet but attentive listener and was called a "giant" in mentoring by Slavin, who also is a former mentee of Bazari's.

More than 30 years of work in internal medicine has been an exercise in listening "to dreams," said Bazari. He has focused on molding exceptional medical professionals while also modeling work-life balance. As director of the Morton N. Swartz, MD Initiative, Bazari has worked to develop and implement new strategies to build wellness among MGH trainees and faculty in medicine. He also has helped to form a national collaborative on physician wellness, called Collaborative on Healing and Renewal in Medicine (CHARM).

"I've learned a lot of medicine in these halls," said Mark Swartz, MD, Bazari's former mentor. "But in terms of learning how to be a great human being, Hasan is the best example." ■

Completing his mission

ON APRIL 18, Ryan Vanderweit will run the Boston Marathon in support of the hospital's Emergency Response team, "Ready When Seconds Count."

For Vanderweit, a strength and conditioning specialist for Home Base, a Red Sox Foundation and MGH program, supporting first responders is a cause close to his heart – because he is one. A combat veteran of the United States Army, he was first deployed to Iraq from March 2003 to March 2004 as an infantryman. There, he was part of a unit that aided in the raid on the home of Uday and Qusay Hussein on July 22, 2003. Upon his return to the U.S., his service did not end. From 2006 to 2009, he was a firefighter in the Arizona Army National Guard. Then from 2009 to 2012 he was a firefighter in Rhode Island, where he also became a certified emergency response technician.

Following the MGH's response to the tragic bombings at the 2013 Boston Marathon, John Hancock continues to provide the 40 bib numbers to support the Emergency Response Marathon team. The funds raised help support training and ensure that the hospital is ready for a disaster of any kind.

"I want to run for everyone who is willing to put themselves on the line to save others," says Vanderweit. "Often these professions go unthanked and are underappreciated, yet, doctors, nurses, therapists and those behind the scenes show up every day for people they don't know."

Today, Vanderweit continues to help others as a member of Home Base, an organization dedicated to healing the invisible wounds of war for post-9/11 service members, veterans and their families. Vanderweit takes a holistic approach to fitness, aiming to improve not only physical strength, but also sleep, hygiene, mental clarity and nutrition knowledge.

He learned about the Emergency Response Marathon team from a fellow employee and says he immediately knew he wanted to be a part of the race, despite not being much of a runner.

"Race day will be terrifying because this is a new experience, but seeing a mission to completion is a part of military training," says Vanderweit. "That will be replaced though by pride in knowing I'm running for the Emergency Response team and will have family and the city of Boston cheering all along the way."

VANDERWEIT

This story is part of a series that MGH Hotline will publish in advance of the 2016 Boston Marathon featuring the "Fighting Kids' Cancer ... One Step at a Time" and the "Ready When Seconds Count" teams. The former raises funds for MassGeneral Hospital for Children research efforts. In addition, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

eCare Corner

Q&A with Kimi Kobayashi, MD

In preparation of the final Partners eCare launch April 2, Kimi Kobayashi, MD, Partners eCare clinical champion, shares some lessons learned and steps to take to be ready for the launch.

What are important steps to take right now to prepare for go-live on April 2?

The most important thing is to continue to ask questions about how your future state workflow will change and to practice as much as possible prior to go-live. Practice doesn't just mean on your own. It's just as important, if not more so, to practice workflows that involve all members of the care team or practice. Knowing how your work relates to others is an important part of getting ready for an integrated clinical system. When you practice, focus on trying commonly occurring workflows that are simple (e.g., telephone call, writing an inpatient progress note). Practicing common workflows will build your confidence at go-live and will allow you to more easily navigate the rarer and more complex workflows.

Can you give an overview of clinician champions and their role?

We have been fortunate to have dedicated clinician champions from all departments. Some of them started participating in their role over a year ago and we have seen increased enthusiasm and engagement from this group over the past several months. The clinician champions are responsible for disseminating their knowledge of the Partners *e*Care system and to ensure that their division/department is ready for go-live. They have had numerous roles in the project thus far, participating in workflow dress rehearsals, improving training curriculum, hosting local staff meetings and answering the questions of colleagues. We look to our clinician champions as the "go to" people in their division or department. They will no doubt play a key role during the go-live as their peers will see them as a knowledgeable source of information.

How are lessons learned from Wave 1 being incorporated in the prep for Wave 2?

We have benefited greatly from our Wave 1 experience. We have had the chance to go through an ambulatory go-live and learn how to support practices in a smaller go-live. There were a lot of tip sheets and other material that we developed that will be very helpful for supporting Wave 2. We saw firsthand the enormous benefit of the medication transfer process (METAL) in trying to ease the burden of medication entry. Wave 1 was also the first major go-live for pediatric areas and thus we were able to experience the Partners *e*Care build for pediatrics. Finally, we were able to validate how our super user structure and escalation procedures in the command center can help to prioritize the issues that we encounter at go-live. There were many more lessons learned and we have been focused on incorporating these lessons into our communication plans as well as super user education. One of the most satisfying things I have seen since Wave 1 go-live is how those clinicians have offered advice, insight and help to Wave 2 clinicians. This is the true MGH spirit.

What are key things to remember during and after go-live?

The most important thing to remember as we go-live is that at our core what we do best is deliver outstanding patient care. Just because we are going live with a new system, this will not change. Also, remember to always continue to care for the patient – we can always figure out how to do it in Epic. The best tools for working through issues will be communication and working together. Remember to support your colleagues and your super users. Embedded MGH super users are the key asset to ensuring that we continue to optimize workflows and gain efficiencies in the system. While external super users may come and go, your local super users will stay with you. ■

Change your Partners password before eCare go-live

EVERY MONDAY MORNING, the Partners IS Service Desk fields some 250 calls from employees whose passwords have expired and who need help resetting them to access their computer and email.

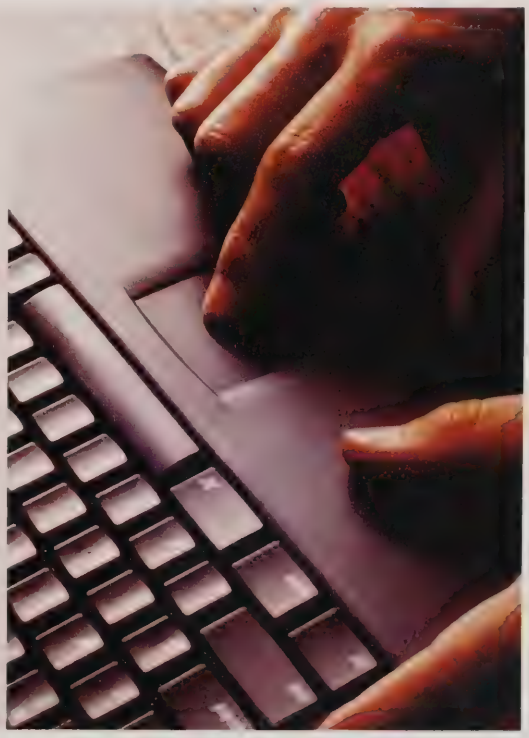
With the final implementation of Partners eCare at the MGH just weeks away, staff are encouraged to help eliminate this backlog of calls by resetting their passwords prior to March 25 or before they expire. Fewer IT resources spent on avoidable expired passwords means more support will be available for staff to navigate the eCare transition.

"The weeks leading up to and following the upcoming eCare launch will be a busy time and the last thing you will want is to come to work and find you can't access your computer due to an expired password," says Alexa Kimball, MD, senior vice president of the MGPO.

As a reminder, Partners passwords expire every 90 days. If your password is set to expire – or you think it might expire in the near future, change it prior to the go-live. Visit *https://myprofile.partners.org* to:

- Change your Partners password
- Update your phone number (used to reset expired or forgotten passwords)

If you have any questions about updating your password or phone number, visit the IS Service Desk at *www.partners.org/isservicedesk* or click the Partners Applications on the Quick Start menu > Utilities > Partners IS Service Desk.



Celebrating Patient Safety Stars

Daniel Blumenthal, MD, chief Cardiology fellow

Blumenthal is focused on improving systems of care in the workplace, which improves care for both patients and staff. One example of his commitment was improving the accuracy of the Cardiology paging system, which led to improved patient safety and staff satisfaction. In another instance, a patient was transferred from the Cardiac Surgery Intensive Care Unit (CSICU) to the Cardiac Intensive Care Unit (CICU). Blumenthal worked assiduously as a liaison between the teams by providing insights and practical "know how" in regard to the care for this patient. He advocated for further development of educational modules related to mechanical circulatory support in ICU settings.

Deborah Boudrow, senior purchasing manager for Nutrition and Food Services

Boudrow exemplifies the theme "Speak Up for Safety." According to the five colleagues who nominated Boudrow, she is very vocal about the motto "see something, say something." She does safety rounds in all of the areas in Nutrition and Food Services and is very proactive about getting issues addressed. Boudrow is an avid educator of all staff and ensures that everyone has a keen eye for safety issues. She believes in putting the safety of patients first and foremost. As one colleague put it, she "practices patient safety wherever she is – you will never see Debbie Boudrow walk by a wrapper or a spill on the floor without cleaning it up."

James V. Bradley, RN, staff nurse on White 7 and co-chair of the Policy, Procedure and Products Committee

Bradley has worked tirelessly to ensure that policies and procedures are clear and precise so that staff nurses can practice safely within their scope of care without ambiguity. This year, his accomplishments included providing clarifying guidelines around the use of intravenous drugs. He also has worked with CTOC to standardize cardiac monitoring order sets. Bradley is an advocate for his colleagues and for all patients.

Lisa Callahan, operations associate on White 7

Callahan routinely walks the unit looking for potential safety issues such as hallway clutter and blocked doorways and ensures proper upkeep of the unit's safety equipment. She is skilled at chart maintenance and maintains her cool during periods of high acuity and volume, always maintaining the highest safety standards. She stresses the need to not cut corners when training new staff members and ensures clear and safe communication above all. White 7 is a safer unit because of Callahan's influence.

Kevin Mary Callans, RN, case manager

Through her work as a case manager, Callans identified a need to streamline coordination of care for pediatric patients with tracheostomy tubes. She identified the skills nurses and parents needed to care for vulnerable children with tracheostomy tubes. Then to address those needs, she initiated and ran a formal program to provide the necessary skills to direct care providers in Pediatrics.

Jennifer Cataldo, RN, staff nurse on Bigelow 6 Pediatric Intensive Care Unit

Cataldo is dedicated to the children she cares for in the PICU. She has taken the lead in working with colleagues at the Mass Eye and Ear Institute and in the pediatric units to coordinate and standardize the education process for new parents whose children will be discharged with tracheostomies. Her work has helped reduce the length of stay for these children. She has revised the educational materials used to make them more parent-friendly and created easy to follow checklists and hand-off templates. Cataldo has helped many new parents realize they can bring their child home and take care of them safely. ■

— *Biothreat response*

(Continued from page 1)

"Great team work, fully adequate pre-planning and excellent opportunities to learn and train."

The care team then entered the patient room, where simulation equipment was set up along with a manikin as the critically ill patient with confirmed EVD. The team ran through a number of potential scenarios that may happen including how to deal with vomiting, obtaining lab specimens and taking an X-ray. Controllers reviewed processes during each simulation to ensure proper procedures were followed, or noted how the processes could be improved. After about 90 minutes, another care team entered the donning area to continue the training and to relieve the first team as would happen in a real-life shift change.

The four main objectives of the exercise were clinical management of a critically ill patient, observing communication of the care team, evaluating management of waste from patient to disposal and testing doffing of PPE in the setting of a gross contaminant.

The four main objectives of the exercise were clinical management of a critically ill patient, observing communication of the care team, evaluating management of waste from patient to disposal and testing doffing of PPE in the setting of a gross contaminant.

"This exercise proved to be a valuable experience for participants of the EVD Response Plan at the MGH," said Center for Disaster Medicine staff. "Participants were able to acknowledge strengths as well as areas for improvement that will facilitate future planning efforts and increase the overall ability of the MGH to care for patients with confirmed EVD."

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Running for her Superman

INSPIRED: Deveau, left, who will run her first marathon April 18 and Reggie, right, Deveau's inspiration for tackling the 26.2 miles

THIS YEAR, Nicolette Deveau will run her first Boston Marathon in memory of her late son, Reggie, who she calls "her Superman." Although only 5 years old, Reggie was as brave as the mythical Man of Steel, Deveau says.

When Reggie died in 2011, Deveau resolved to continue his fight. Running the Boston Marathon for the pediatric cancer marathon team is her way of thanking MassGeneral Hospital *for* Children (MGH*f*C) and helping other children.

Thanks to John Hancock, the MGH annually receives charity numbers for runners like Deveau. Since the pediatric team was established in 1998, runners have raised more than $11 million to help advance research and provide child life programming such as music therapy. Funds also help support services for siblings and parents. Throughout Reggie's experience, Deveau and her family felt cared for by the MGH*f*C staff. "They treated us like family," she says.

During his 18-month battle with neuroblastoma, a rare form of cancer that starts in nerve cells, Deveau explained everything to him using language he could understand. Before one surgery, mother and son played a board game where they operated on SpongeBob to

(Continued on page 4)

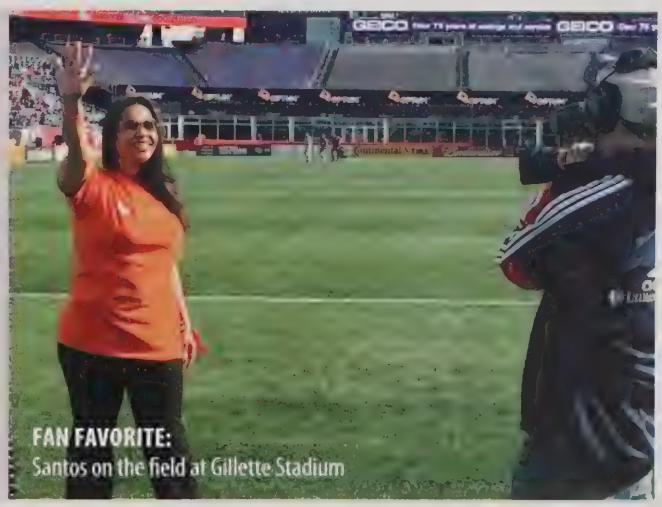
MGH patient hailed as a hero

AT THE MARCH 12 New England Revolution home opener, the team celebrated World Kidney Month by honoring Sandra Santos – one of the MGH's living kidney donors – as the Hero of the Match. Santos received a standing ovation from the more than 8,000 soccer fans in attendance at Gillette Stadium.

On Dec. 22, 2015 at the MGH Santos, 45, donated a kidney as part of an exchange to help her 14-year-old nephew, Kennedy Cambui.

From the beginning of her evaluation through her donation and to the present, Santos has been an enthusiastic and committed donor. She made it clear to the donor team that if she was not a good match for Kennedy – which was the case – she would still participate in a donation exchange.

(Continued on page 2)



FAN FAVORITE:
Santos on the field at Gillette Stadium

Sleep: Quality is better than quantity

MILLIONS OF AMERICANS suffer from chronic sleep loss. As a result, many experience a decrease in attention span and an increase in risk of accidents and injuries. Sleep deprivation also can put people at a higher risk for high blood pressure, stroke, diabetes and even cancer.

Josna Adusumilli, MD, MGH neurologist and sleep specialist, presented "The Importance of Sleep Health" during a March 8 lecture at the Maxwell and Eleanor Blum Patient and Family Learning Center. Adusumilli discussed the benefits of a restful night of slumber and also tackled the oft-asked question of how much is "enough" sleep.

ADUSUMILLI

"Not one size fits all," Adusumilli said. "For some people, five hours is enough. For others, if they get less than nine hours, they feel exhausted. There is no real rule, each person needs to discover for themselves what their own needs are."

People who wake naturally – without an alarm clock – and who feel alert during the day and go to bed when they feel drowsy typically are getting enough rest at night. Those who use stimulants, such as caffeinated beverages, and try to catch up on lost sleep during the weekend, may need to go to bed earlier.

"Quality of sleep is more important than quantity," Adusumilli said, noting that improving one's sleep habits and reeducating the body and brain to sleep better can often be accomplished with some relatively simple measures.

- Have a fixed wake-up and bedtime.
- Nap if needed, with an ideal nap being less than 20 minutes to reduce the risk of grogginess afterward.
- Avoid caffeine, alcohol and screentime in the evening.
- Use the bedroom only for sleep.

"Reeducating your brain and body will take time and effort but it is worth it," Adusumilli said. "It can bring positive changes to your life." ■

Cancer patient wins dream wedding

JUSTIN PERRY from Wells, Maine looks like a typical 25-year-old man. At a recent appointment at the MGH Cancer Center, flanked by his supportive parents and loving fiancée, Michelle White, he doesn't look like he is fighting a diagnosis of stage 4 lung cancer.

A robust athlete and nonsmoker, Perry first became sick three years ago when a never-ending cold and shortness of breath persuaded him to seek medical care in Boston. It was at the MGH where he first met Justin Gainor, MD, and Alice Shaw, MD, both of the Cancer Center, who were studying a rare, genetic mutation, ALK1, that Perry learned was responsible for his life-threatening illness.

He has since been treated successfully with different regiments of targeted therapies and in December 2015 started a new clinical trial that has shown significant positive results against his cancer.

Nevertheless, Perry and White were anxious to move ahead more quickly with future plans for marriage and a family. To hasten their goal, they entered the "Real Maine Weddings" contest for the chance at a $100,000 all-expenses-paid wedding in their home state.

The winners from among almost a dozen couples would be chosen by daily online voting as well as participant votes from the vendors who would help the winning couple realize their wedding goals.

Perry reached out to the MGH community to help rally the troops for votes and support. "Everyone at MGH went above and beyond and helped each and every day toward winning this wedding," said Perry. "They cared about me, checked in daily and treated me like family. And we won! Thank you to everyone. I can't wait for Michelle and me to have the wedding of our dreams!"

Perry and White will be married Oct. 21, followed by a seven-day honeymoon in Aruba.

WEDDING WINNERS: Perry and White

— *MGH patient hailed as a hero*

(Continued from page 1)

Paired kidney exchanges are an option when a loved one wants to donate a kidney but their blood type is incompatible, as was the case with Santos and her nephew. An exchange involves two living donors and two recipients. If the recipient from one pair is compatible with the donor from the other pair, and vice versa, two transplants would occur with the exchanged kidneys. So even though Santos and Kennedy weren't directly compatible, this still allowed both donors to give to compatible recipients.

The rigors of kidney donation can be considerable, but Santos did everything she needed to do with a smile. Not only did Santos help her nephew receive the gift of life, she was part of an exchange that helped other people receive transplants as well.

For more information about becoming a living donor, visit *massgeneral.org/transplant.*

eCare Corner

End users identify an issue and escalate it to their group's super user. Examples may include trouble logging into the system, printing or a workflow problem.

Super users are the first escalation point for end users and they work together with end users to troubleshoot and resolve issues, using available tip sheets and the super user guidebook. If the super user cannot resolve the issue, it is then escalated to the group's uber user or area commander. For example, residents not able to access ordering.

At the Command Center, the application teams analyze the issue and work on the problem. Some can be fixed with code, while others require a review of workflow or hospital policy. Users receive an email when their problem has been resolved; if the user feels the problem has not been resolved, responding to the email re-opens the ticket.

Uber users/area commanders review the issue to confirm if it is truly a problem that should be reported to the Service Desk. If so, the uber user calls the Epic Service Desk to log the issue as a ticket. Uber users and command leaders also alert leadership to high priority and broader impact issues.

The Service Desk logs the issue and assigns the problem to the appropriate Partners eCare application team for resolution.

The following is a helpful overview of important information for the Partners eCare at the MGH go-live, scheduled for April 2.

ON APRIL 2, the MGH will implement the final phase of the Partners *e*Care system. During this launch, staff will receive two weeks of comprehensive, at-the-elbow support from super and uber users. The infographic shows the streamlined resolution process that will contribute to the success of the go-live.

This process enables staff with individual issues to receive the help they need, while also triaging problems and work flows that may have a broader impact. All users also will receive daily emails summarizing the main issues and resolutions. Super users and uber users embedded in each practice will remain after the four-week go-live so that knowledge can be retained. The Help Desk and Partners *e*Care team also will be available to answer questions and resolve issues.

Helping patients understand Partners eCare

During this go-live period, staff may receive questions from patients and their families and caregivers. The following information may be helpful in responding to these inquiries.

- *What is Partners eCare?* The MGH is in the final stages of redesigning how it delivers world-class care to improve the health of its patients while also enhancing affordability of care by implementing a new enterprise medical record system. Called Partners *e*Care, this new system supports all aspects of the MGH mission, including research, education, patient care and community-based outreach.
- *What is the goal of Partners eCare?* The goal of the Partners *e*Care initiative is to enable more efficient, more coordinated, more advanced patient care through the implementation of the integrated, enterprise-wide electronic health and administrative information system across the Partners network by 2017. Once fully launched, the system will enable information to securely and seamlessly flow throughout the Partners network. The guiding principle of Partners *e*Care is "one patient, one record, one team, one Partners statement."
- *Why are you converting to a new electronic medical record system?* This new electronic medical record system will provide one centralized medical record so that regardless of where you are seen within the Partners network, your providers will have access to all of your medical information. This will help to improve communication and coordination among your care team, make it easier for you to track your own care and simplify your bills. In addition, the new system will provide an improved Partners Patient Gateway online portal, with new enhanced features.
- *What changes can I expect as a patient?* We've made every effort to ensure that this has minimal impact to you during this transition. We are working hard to provide you with a positive experience at the MGH. Our first priority, as always, is to deliver the highest quality care possible. We want to thank you for your patience. While our staff has undergone rigorous training, this system is still new to us and we apologize in advance for any inconvenience.

For more information, visit *https://partnersecare.partners.org/hospital-networks/mgh/* ■

— *Running for her Superman*

(Continued from page 1)

make the surgery less scary and more understandable.

"He never really complained and he took everything like a champ," says Deveau. Reggie made friends with his doctors, nurses and child life specialists, challenging them to video bowling and tennis games. In 2011, he was paired with a marathon runner for the MGH pediatric cancer team.

That was a high point of his treatment, Deveau says. His family supported the marathoners at Mile 20, proudly waving signs. Only a few months later though, Reggie's strength began to decline and Deveau knew her son had done his best. "At the end, I told him that he could rest and Mummy could fight for him," she says.

"If Reggie could fight cancer with such pride and dignity, there is nothing I can't do," says Deveau. "I learned more from that boy in five years than I had learned in my entire life."

She began to run, starting with 5Ks and 10Ks for charity. Then, she got into the boxing ring to raise money for cancer. "If Reggie could fight cancer with such pride and dignity, there is nothing I can't do," says Deveau. "I learned more from that boy in five years than I had learned in my entire life."

April 18 will the first time Deveau has attended the marathon since she and Reggie went together five years ago. It will also be her first marathon as a runner. Her mother and 7-year-old daughter Brookelynn will be at the finish line to congratulate her and, Deveau says, "her Superman" will be with her during the entire run. ■

This story is part of a series that MGH Hotline will publish in advance of the 2016 marathon featuring the "Fighting Kids' Cancer ... One Step at a Time" and the "Ready When Seconds Count" teams. The latter supports emergency preparedness and disaster training. In addition, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

Partners event will gather international cancer leaders

PARTNERS HEALTHCARE has announced that the focus of the second annual World Medical Innovation Forum will be the global economics of cancer care. The 2016 forum – a collaboration and partnering event held in Boston on April 25-27 at the Westin Copley Hotel – will bring together health care leaders, CEOs and senior company executives, top investors and policy experts for sessions aimed at critically examining the changing economic cancer care landscape.

"Cancer is a major cause of death worldwide," says Daniel Haber, MD, PhD, director of the MGH Cancer Center and co-chair of this year's event. "Developing new means of treating and diagnosing cancer requires an active collaboration between clinicians, scientists, companies and investors to identify and address patient needs. The outcomes of this cooperation will ultimately affect the lives of patients worldwide."

Over the three days, the 2016 forum will highlight emerging cancer innovations in immunotherapy, epigenetics, early diagnosis, combination therapies, as well as curative drugs, the role of patients in innovation, cancer as a chronic disease and investment strategies.

The World Medical Innovation Forum was established to respond to the intensifying transformation of health care and its impact on innovation. The Forum is rooted in the belief that no matter the magnitude of that change, the center of health care needs to be a shared, fundamental commitment to collaborative innovation, with industry and academia working together to improve patients' lives.

"The breadth of topics that will be covered and the commitment to interdisciplinary engagement from international leaders across academia, finance, industry and public policy makes the forum an unrivaled, must-attend event," says Chris Coburn, vice president for Partners Innovation and conference organizer.

For more information, visit *www.worldmedicalinnovation.org.*

CANCER CARE:
Leaders at last year's forum

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

IT'S GO TIME: The Department of Physical and Occupational Therapy put their creative talents to use to create a spirited "Go-Live at MGH" video, energizing staffers for the April 2 go-live. The lively video can be viewed on the MGH YouTube channel.

eCare Corner

THE MOMENT HAS ARRIVED: Partners eCare goes live at 5 am on April 2. Thanks to the preparation and hard work of all staff, the hospital is ready for the final implementation of the enterprise medical record system. By working together to support and help each other during this transition, the MGH can continue to make care better and safer for all of the hospital's patients.

Remember, for issues that may arise always ask super users first for help; they may be able to help solve the problem immediately or they can pass it along to uber users or area commanders, who can solve it or send it to the technical and workflow teams. This triaging system worked well for Wave 1, and ensured a streamlined approach to prioritizing issues and alerting leadership.

In addition, all Epic users will receive daily emails of helpful links, tips, resources and any current issues being addressed by the MGH Partners eCare team.

Here are the main issues staff can expect in the first few days.

Trouble signing in to Partners eCare for the first time. Staff should have access April 2 at 5 am. We encourage individuals to log in as soon as possible, so potential issues can be resolved early. If any staff member does not have access, please contact the department's super user. As a reminder, please do not share logins and passwords.

Problems with printing. These can get resolved quickly, so please work with the super users. Staff will need to know the control number for the computer workstation and printer when reporting a problem.

(Continued on page 4)

Celebrating LGBT Health Week

THIS WEEK, FROM MARCH 28-APRIL 1, MGHers celebrated National Lesbian Gay Bisexual Transgender (LGBT) Health Week. The MGH LGBT Employee/Patient Resource Group hosted engaging events throughout the week to promote equality and inclusion.

The group seeks to create a welcoming and affirming environment for lesbian, gay, bisexual and transgender employees, patients, families and friends. The group, formed in 2008, is dedicated to addressing the health care issues members of the LGBT community face, and continues to provide support, education and outreach to the hospital community.

"There is always more work to be done continuing to raise the bar in promoting equity and inclusion for the diverse patient population

(Continued on page 4)

RAISING AWARENESS: Rodas at the health table during LGBT Health Week

Taking on 26.2 miles

AT 17 YEARS OLD, Keith Reissfelder's life revolved around school and the football field. When the high school quarterback began experiencing pain in his leg and knee, he assumed it was a bruise or sprain from the gridiron. That was until he awoke one morning in excruciating pain. His parents, Jennifer and Keith Reissfelder, rushed him to the emergency room.

An X-ray showed a massive tumor in the lower femur, which stretches from the knee to hip bone. Keith was diagnosed with diffused large-B cell non-Hodgkin's lymphoma, a form of cancer that affects lymphocytes, a type of white blood cell that protects the body from infection.

The family soon learned that Keith's cancer was treatable and developed a plan with physicians at MassGeneral Hospital *for* Children's (MGH*f*C) Hematology/Oncology Center, which involved nine weeks of chemotherapy. Although he and his parents were nervous about the diagnosis, his mother says the year was a perfect storm of bad things leading to wonderful, life-changing experiences.

In 2015, Keith attended every New England Patriots home game, traveled to Hawaii as part of the Make-A-Wish program, met his personal hero, Navy SEAL Marcus Luttrell and was selected by MGH*f*C's child life specialists to participate in the Patriots Super Bowl XLIX victory parade. Also, as part of the 2015 Boston Marathon "'Fighting Kids' Cancer ... One Step at a Time" Patient Partner program, marathoner Meaghan Connors ran in his honor, helping to raise funds and awareness for pediatric cancers.

SUPPORTING HER SON: Reissfelder with her son Keith

But, perhaps most importantly, Reissfelder and her husband watched their son mature because of his dueling experiences. As a teen, Keith had his own questions and concerns. "Rather than speaking to me, Dr. Mary Huang directed her answers to Keith and made him comfortable about what was happening to and around him. We couldn't lie or sugar-coat the situation and he's more grateful and humble because of it," says Jennifer Reissfelder.

This year she will take on the 26.2 in honor of her son – and although it won't be her first marathon, it is the most meaningful. "This is the first time running means something to me. I couldn't run 10 marathons to thank the MGH enough for everything they've done for my family. This course isn't a big deal; what the kids face daily is the true test. I wouldn't be running if it weren't for them."

This story is part of a series that MGH Hotline will publish in advance of the 2016 marathon featuring the "Fighting Kids' Cancer ... One Step at a Time" and the "Ready When Seconds Count" teams. The latter supports emergency preparedness and disaster training. In addition, 19 individuals will run and fundraise for the Miles for Mass General program, which supports hospital programs that are close to their hearts – including cystic fibrosis, pediatric palliative care, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

SPECIAL SHIRTS: Patty Gamble and Cindy Goddard of the Blood Donor Center

Blood donor strong

ALL BLOOD AND PLATELET DONORS who come to the MGH Blood Donor Center to make a lifesaving donation during the month of April will receive a special MGH Blood Donor Center "Boston Strong" T-shirt. The shirt was created to honor the 3,946 blood donors who travelled from the Boston area and across the United States to give blood at the MGH in the month following the 2013 Boston Marathon bombings. These individuals were runners, spectators, friends, family and those who simply wanted to help make a difference. Nearly 2,000 of them were first-time blood donors.

MGH blood donors truly embody the definition of Boston Strong, demonstrated by the increasing numbers the center sees around the annual Boston Marathon. In 2014 and 2015, the MGH Blood Donor Center experienced seven times the typical number of donors in the days leading up to, and on the anniversary of the marathon attacks.

The victims of the tragedy serve as a reminder that blood is needed every day, and that it is the center's everyday donors that are true life savers.

The Blood Donor Center will be open on Marathon Monday, April 18, in Jackson 120 from 7:30 am – 5:30 pm. Appointments are encouraged, but walk-ins also are welcome. For more information or to make an appointment, email *kegamache@partners.org* or call (617) 726-8171. ■

New clinic helps victims rebuild lives

KIDNAPPED and forced into the sex trade at 19, Bella Brown is now back in school and rebuilding her life with the help of the MGH's new Freedom Clinic.

Dedicated solely to caring for victims and survivors of human trafficking, the MGH Freedom Clinic is a first of its kind in the nation. Founded in 2015 with funding from the Partnership for Freedom and support from the MGH, it provides medical care, counseling and support services to people like Brown who have been exploited and abused.

"It's our mission to care for the person as a whole; to treat their ailments, attend to their needs, help them recover from their trauma and support their healing so they can reengage safely with society," says Wendy Macias-Konstantopoulos, MD, MPH, clinic founder and director of the Human Trafficking Initiative in the Emergency Department's Division of Global Health and Human Rights.

Determined to spread the word about the often unseen problem of human trafficking and to help victims regain normal lives, Macias-Konstantopoulos designed the clinic after years of research and trained hundreds of clinicians to recognize the signs of trafficking in their patients. "Labor and sex trafficking victims often have injuries or chronic diseases that have been left untreated," she says, "yet they have also suffered psychological trauma and social isolation so their needs are very complex."

SURVIVOR: Macias-Konstantopoulos with Brown, a survivor of human trafficking

Human trafficking is a global problem. Victims include people controlled and exploited for a wide variety of purposes including construction, agricultural, hospitality or domestic work. In Boston, many victims are girls and women trapped in the sex trade.

"This happens right here under our own noses," says Ann Prestipino, senior vice president for Surgery, Anesthesia, Emergency Medicine and Clinical Business Development. "The Freedom Clinic is important to the hospital's community mission, which is to serve people in need." The clinic's location is undisclosed to protect the privacy and ensure the safety of patients and clinicians.

Brown had struck up a friendship with an older man on her street who, in a neighborly manner, offered her rides and questioned her about her lack of family, low income and other vulnerable details. "I was naïve. I just didn't know up from down or good from bad," she says. Estranged from her troubled family, she was living in a halfway house for youth in a Boston neighborhood.

One night he finally urged her to check out of the halfway house and get into his car. Her life changed terribly for the worse.

She woke up in a strange apartment with no ID, money or phone. The man began selling her for sex several times a night. Moving from state to state, he continued the abuse for months until one night, after a particularly violent beating, she made her courageous escape. Eventually, she reported the man to the authorities and he was convicted and sentenced to prison.

Brown came to the Freedom Clinic last year seeking a place where her experience would be understood and she would not be judged. Since then, the clinic has become her go-to place for medical care and for help navigating other aspects of her life.

"They're kind of like my family now," says Brown, who is a pre-law student at the University of Massachusetts in Boston.

When a new patient arrives at the Freedom Clinic, the staff's first priority is to start building rapport and trust. "Our patients are not used to receiving health care. Or they may have had a bad experience in another health care setting where they felt judged or mistreated," says Macias-Konstantopoulos. "It takes listening without hurry and being present with your patient to build trust."

A patient's visit begins with questions about the person's medical history, then meeting with one of the clinics' primary care doctors for a full hour or more. Freedom Clinic physicians are dually trained in internal medicine and pediatrics, because clinic patients are sometimes very young.

The knowledge and sensitivity of the Freedom Clinic doctors, nurses and psychologists is crucial for human trafficking victims. For example, before touching a patient – even for a minor medical test like measuring blood pressure – they ask permission. Their understanding of the deep trauma suffered by their patients frees those patients from the need to explain it repeatedly or feel embarrassed when they react emotionally to seemingly benign practices. Clinic staff provide a safe space to talk about the painful details of patients' abuse or captivity when they are ready. "We've had patients tell us that they finally feel able to talk about their trauma to a health care provider, freely and without shame," says Macias-Konstantopoulos.

The first visit ends with a plan in place for additional follow-up medical care or other services. The clinic has a close collaboration with MGH addiction specialists to treat patients who have substance use disorders. Clinic staff also work with patients to navigate their social needs such as housing, schooling and life skills.

All clinic services are free to all patients and they don't need health insurance. "It's important for them to know that there is no charge," says Macias-Konstantopoulos. Fear of being billed for medical services often keeps human trafficking victims from seeking care.

For Brown, the Freedom Clinic is a backstop as she strives to build her future. "I want to be a federal prosecutor," she says, to incarcerate people like the man who kidnapped her four years ago. "I'm a fighter. That's just who I am."

To learn more about the Freedom Clinic visit the Emergency Medicine page at *massgeneral.org.* ■

Encouraging dialogue

"SEE SOMETHING, SAY SOMETHING" was one of the many takeaways from an address by Thor Sundt, MD, chief of Cardiac Surgery, during Patient Safety Awareness Week at the MGH from March 13-19. Sundt's presentation on "The Power of Teamwork" encouraged greater dialogue among all who are involved in patient care to try to prevent medical errors. The talk was followed by a panel discussion featuring May Pian-Smith, MD, Anesthesia, Critical Care and Pain Medicine quality chair, and Steven Yule, PhD, of Brigham and Women's Hospital.

TALKING ABOUT TEAMWORK: From left, Elizabeth Mort, MD, senior vice president of Quality and Safety; Pian-Smith; Sundt; Yule

— *Partners eCare go-live*

(Continued from page 1)

Hardware reminder. Please ensure that once the MGH Partners eCare Hardware Team has deployed new equipment that nothing is moved, as it will affect printer mapping and staff may have trouble printing. If there is a need to move any hardware (computers, printers, bar code scanners, label printers, etc.), call the Help Desk at 617-726-5085.

Safety. If a staff member has a safety concern, they should submit an MGH Safety Report as they normally would. If the concern is also related to the Partners eCare system, please inform the super user, uber user and area commander.

For more information, visit *https://partnersecare.partners.org/hospital-networks/mgh/.* ■

— *LGBT Week*

(Continued from page 1)

we serve," says Katrina Armstrong, MD, MSCE, physician-in-chief of the Department of Medicine. "Health disparities exist within the LGBT patient population and we need to be aware of the needs of all our patients in order to provide the best patient care available."

Tonight, (April 1) from 5:30–8 pm, the group will host their Spring Social, along with the employee resource groups from Brigham and Women's Hospital. Earlier in the week, they hosted an LGBT Health Week table in the White Lobby where patients, their families and employees could stop by to pick up information about LGBT patient health and find out what initiatives are happening at the hospital.

The National LGBT Health Week also happened to coincide with the announcement that the MGH once again was recognized as a 2016 Leader in LGBT Healthcare Equality by the Human Rights Campaign (HRC) Foundation. This marks the fourth year in a row the hospital has received this honor, and truly shows the commitment the MGH places on quality health care for LGBT patients, their families and employees.

"This week serves as an opportunity for us to share with our colleagues patient resources and information in different languages that affect our LGBT patient population such as domestic violence, families and children, substance abuse, mental health and preventing and treating sexually transmitted diseases," says Mario Rodas, of Physical Therapy Services and LGBT Employee Group chair. "We were happy and proud to raise critical awareness of the different health disparities among LGBT patients and answer questions of all types."

For more information, visit *www.massgeneral.org/lgbt/.*

Partners in Excellence Awards Ceremony

ALL MEMBERS of the MGH community are invited to attend the Partners in Excellence Awards Celebration on April 21 from 2:30-3:30 pm in the Bulfinch Tents. MGH employees will be honored for their outstanding contributions to the hospital and Partners HealthCare in 2015.

The celebration will include a photo opportunity with senior leadership for award recipients. Refreshments will be served. For more information, email *partnersinexcellence@partners.org* or call 617-724-9743. ■

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS *E*CARE IS HERE: The final wave of Partners *e*Care at the MGH – the initiative to implement the Epic electronic medical record system – was launched at 5:08 am on April 2. This was a hospitalwide effort that required the support and dedication of the entire MGH community. Here are some of the many people who helped make this milestone possible. For a full slideshow of images, visit the MGH YouTube page.

MGH launches Clinical Data Science Center

IMAGINE THERE WAS A WAY to call upon the shared intelligence, expertise and experience of hundreds of radiologists when reviewing a patient scan. This could be a reality in the near future thanks to the formation of the new MGH Clinical Data Science Center, which is paving the way for a new approach to diagnosing and treating disease using cognitive computational algorithms such as machine learning and artificial neural networks.

"We are in the process of training algorithms to 'see' patient data – or look deeper into the patient's medical information – in a way that we as humans can't appreciate visually," says radiologist Keith Dreyer, DO, PhD, vice chairman of Radiology Computer and Information Sciences. "Only recently has computer software and hardware been advanced enough to have the power to perform

(Continued on page 4)

DREYER

Are you really allergic?

ONE MORNING in late March, 26-year-old Claire Branman learned that sometimes mothers don't always know best. This realization came after she visited the allergy testing room on the second floor of Cox – an area of the MGH where patients can walk in with a medical question and walk out about three hours later with a definitive answer.

BANERJI

Branman is one of millions of Americans who have at one point incorrectly told their doctors they suffer from a penicillin allergy. "I started saying it as a little kid because my mom told me as a baby I had a reaction," says Branman.

During her recent appointment at the MGH, however, Branman received skin testing and an oral challenge showing she was not allergic to penicillin – and similar drugs called cephalosporins. It is information Branman says would have been useful a few years ago when, without penicillin, she developed a difficult-to-treat bacterial infection.

"Ten to 15 percent of the U.S. population think they are allergic to penicillin. But, in actuality, less than 1 percent are truly allergic," says Aleena Banerji, MD, director of the MGH Drug Allergy Program. "Replacement treatments can sometimes be more expensive, less effective and have serious side effects." Banerji and her colleagues now are offering expanded urgent drug allergy appointments at the MGH – delving not only into cases of penicillin allergies – but other cases like chemotherapy reactions and concerns surrounding surgery preparations.

Banerji and MGH allergist Kim Blumenthal, MD, also hope to spread the word about a web-based app developed by Blumenthal – offering clinicians the ability to ask more probing allergy questions of their patients. Now available at all Partners hospitals, "it puts allergy specialist knowledge in the palm of your hand," says Blumenthal. As a result, doctors may in turn choose to refer more patients like Branman to the MGH for those definitive allergy answers.

A FAMILY OF VOLUNTEERS: From left, Adam Castiglioni, Jane Castiglioni and David Castiglioni with Peter L. Slavin, MD, MGH president

Volunteers make a world of difference

THE MGH VOLUNTEER DEPARTMENT will host its annual Volunteer Recognition during the week of April 10-16 to honor its volunteers. National Volunteer Week – sponsored by Points of Light, the world's largest organization dedicated to volunteer service – is about inspiring, recognizing and encouraging people to seek out imaginative ways to engage in their communities.

Volunteerism is very strong at the hospital, where many dedicated volunteers devote many hours each week to serve the hospital. The MGH has more than 1,400 volunteers on an annual basis and approximately 800 to 1,000 volunteers during any given week. Combined, they provide the hospital with more than 100,000 hours of service annually.

"Each day I have the opportunity to see remarkable, wonderful, incredible, dedicated, assiduous, committed volunteers serving the patients at MGH. I am so proud to be part of the MGH volunteer team," says Jackie Nolan, director of the Volunteer Department and Information Associates. "We owe a great debt of gratitude to all the volunteers for their dedication and service to the hospital. They are a true example of the power of generosity and kindness."

The MGH began as a volunteer operation – John Collins Warren, James Jackson, and their many successors of the 19th century were volunteers, as were the trustees. As early as 1821, a Men's Visiting Committee began visiting wards on a rotating basis to observe and help out where possible. And in 1869, as the need grew for female volunteer visitors, the Ladies Visiting Committee (LVC) was formed, which continues to be a vibrant presence at the MGH today.

"Spending time with any of our volunteers will reveal how much they truly enjoy helping our patients," says Milton Calderon, volunteer coordinator. "If you see one of our volunteers in the pink jackets, please feel free to congratulate them during this very special week." ■

MGH VOLUNTEERS are assigned to different roles throughout the hospital, filling important roles in many different departments. Some areas where volunteers can be found throughout the MGH are:

- The book cart, where volunteers bring books and magazines to patients' rooms, in addition to providing friendly visits
- The Cancer Center on Yawkey 7, 9 and 10, where volunteers serve lunch to patients in a busy outpatient clinic waiting room area for oncology patients and their family members
- The Volunteer Office, where volunteers provide administrative support
- Patient escort, where volunteers work as part of a team (171 shifts and 190 volunteers) and strive to provide a higher level of customer service as they help patients, family members and visitors navigate MGH
- Pet therapy, where volunteers provide patients with the opportunity to receive a visit in their hospital room from a volunteer handler and their dog
- The Gray Family Waiting Area, where a caring team of volunteers provide comfort to families of patients undergoing surgery

Assistant Secretary of Defense for Health Affairs visits MGH

JONATHAN WOODSON, MD, assistant secretary of Defense for Health Affairs, returned to his early medical roots during a stop at the MGH on April 1. Woodson was the guest of the Consortia for Improving Medicine with Innovation and Technology (CIMIT). During a special presentation in the Trustees Room, he learned about several innovative research and technological advances made by just a few of the teams that CIMIT supports.

In his welcoming remarks, David F. Torchiana, MD, Partners HealthCare president and CEO, said he vividly remembered being a medical student and watching as Woodson, then an MGH resident, placed an arterial line – marking the first time he saw the procedure. Woodson received his postgraduate medical education at the MGH.

During the 90-minute session, Woodson heard from five teams from across CIMIT's network. A nonprofit consortium of Boston's leading teaching hospitals and universities, CIMIT concentrates on innovative projects, with a long-standing commitment to advance dual-use innovation to improve the health of military service members and civilians.

INNOVATIVE IMPROVEMENTS: Woodson, left, listens as Harris presents.

Two MGH physicians spoke during the event. N. Stuart Harris, MD, chief of the MGH Division of Wilderness Medicine, shared novel imaging techniques for field deployment at high altitude to diagnose potentially fatal lung disease that can develop in young, otherwise healthy military service memers. Trauma surgeon David King, MD, showcased his work creating a percutaneous, self-expanding foam that can temporize internal bleeding to prevent unnecessary deaths on the battlefield.

"We were honored to have Dr. Woodson hear from some of the teams from across CIMIT's network working on exciting projects and provide them with instructive feedback," said John Parrish, CEO of CIMIT. "We have the great privilege and opportunity to leverage the strengths of Boston's health care ecosystem to advance dual-use innovations to improve the health of our nation's service members." ■

Aspire Gala raises $2.6 million

ON MARCH 31, MassGeneral Hospital *for* Children celebrated the 16th annual Aspire Spring Gala, raising more than $2.6 million to support Aspire, which equips children, teens and adults with high cognitive autism spectrum disorder with the knowledge and skills to lead successful and fulfilling lives.

While Boston's Zakim Bridge shone in blue to commemorate the event and promote autism awareness, more than 800 guests enjoyed the Rafanelli Events-designed cocktail reception at the Four Seasons Hotel Boston. The Berkshire Hills Music Academy Performance Troupe provided music.

This year's gala highlighted Aspire programs that provide young people on the autism spectrum with the tools to form lasting and meaningful relationships. This included the Internship Program, which places participants at Boston-based businesses to gain on-the-job skills.

Four Aspire participants acted as emcees and introduced the evening's speakers, which included event co-chairs David Long, chairman and CEO of Liberty Mutual Insurance, and Tim Sweeney, president of Personal Insurance at Liberty Mutual. Also speaking were Jake Peters, a former Aspire intern and current Enterprise Rent-A-Car employee, and Brett Mulder, PsyD, program manager for Teen and Adult Services at Aspire.

"The gala itself is always a big moment for Aspire," said Scott McLeod, PhD, Aspire's executive director. "But this big moment is a celebration of thousands of little moments. Those moments when we see a smile. A nod. A look of recognition, a connection that's made, a relationship that's started. These are the small victories that collectively form the true essence and the true meaning of Aspire."

SWEET SUCCESS: From left, Leslie O'Brien, internship program manager; McLeod; intern emcees Peters, Henry Marks, Dan Peters, Jesse Mulkey, Emily Schulman, Will Henry; and Mulder

— Clinical Data Science Center

(Continued from page 1)

computations that rival the human brain's neural network. These computations are what Google, Facebook, Amazon and others have used to optimize algorithms for intelligently searching massive amounts of data."

Dreyer says training a machine algorithm is similar to teaching a child in that it requires considerable repetition. For example, by training an artificial neural network with thousands of images of correctly and incorrectly placed central lines, these algorithms can "learn" the difference between the two. While the human brain is optimized for the interpretation of visual data, these cognitive computations can be optimized to quantify nearly any data while eliminating the judgment and fatigue of humans.

"It is hoped that, beyond improved medical imaging precision, this approach may optimize the entire care process including other diagnostic tests, treatment regimes, clinical care pathways and overall population health," Dreyer says.

The Clinical Data Science Center now is in the early stages of forging relationships with IT professionals and industry experts to more fully understand and advance the cognitive frameworks to optimize them for the health care domain. He says they hope to ultimately use the more than 2 billion images and vast clinical data stored at the hospital.

"We are excited about the prospects that this center will have on patient care – both for radiology, as well as other fields in the future," says James Brink, MD, chief of the Department of Radiology.

"This center truly is the next step in providing the best care to our patients – from the first diagnosis to the final treatment."

Running for more miracles

FOR THE THIRD CONSECUTIVE YEAR, Jeanne MacDonald, MD, of the Neonatal Intensive Care Unit, will take to the Boston Marathon course April 18 to benefit MassGeneral Hospital for Children's Palliative Care Service.

> "The Pediatric Palliative Care team provides a vital service to our NICU's most fragile babies and their families. Caring for these patients is difficult work, but with the support of our palliative team and wonderful colleagues, it is meaningful and often times, inspiring. I don't run for any one patient but rather for all of our babies – especially babies who never get to go home."

"The Pediatric Palliative Care team provides a vital service to our NICU's most fragile babies and their families," says MacDonald. "Caring for these patients is difficult work, but with the support of our palliative team and wonderful colleagues, it is meaningful and oftentimes inspiring. I don't run for any one patient but rather for all of our babies – especially babies who never get to go home."

This will be MacDonald's 16th Boston Marathon, and her fourth running as part of the Miles for Mass General program, which allows runners to dedicate their qualified bib number to a specific hospital program that is close to their hearts – including pediatric palliative care, cystic fibrosis, the MGH Cancer Center, the Lurie Center for Autism and Huntington's disease research at the MassGeneral Institute for Neurodegenerative Disease.

MacDonald says, "Last year, the father of very ill baby told us, 'if a miracle needs to go to someone else, I will understand.' When I think of the courage and generosity of those words, I am inspired to run to give our families the kind of compassionate care that the Pediatric Palliative Care service helps us make possible for all our families." ■

This story is part of a series that MGH Hotline will publish in advance of the 2016 marathon featuring the teams "Fighting Kids' Cancer ... One Step at a Time," which raises funds for MassGeneral Hospital for Children research efforts, and the "Ready When Seconds Count," which supports emergency preparedness and disaster training. In addition, 19 individuals will run and fundraise for the Miles for Mass General program.

MACDONALD

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Enhancing the MGH experience

FROM PROVIDING lollipops for children undergoing treatment at the MGH, to supporting women's careers in medicine or helping form the hospital's Patient and Family Advisory Council, the women of the Ladies Visiting Committee (LVC) give back to the hospital in many ways. And every single purchase made from the MGH General Store and Flower Shop goes directly into funds used by the LVC to give back.

"All purchases from the shops, no matter how small or large, make a difference," says Joanne Ellison, director of the MGH General Store. "The money all goes back in a way to benefit the hospital."

The General Store was established in 1940, and continues to be operated by the LVC. Their mission is to enhance the MGH experience in ways that contribute to the comfort and well-being of patients, their families and the hospital community at large. MGH staff can request grants from retail shop proceeds to fund patient programs, services and activities *(see sidebar)*.

(Continued on page 3)

BEAUTIFUL BOUQUETS: The MGH Flower Shop

INCREDIBLE INSPIRATION: The Lunder 10 team

Nurses running the Boston Marathon are 'all heart'

SEVENTEEN CHILDREN, a plethora of dogs, second jobs, graduate school and full-time nursing jobs on Lunder 10. This is what a group of 10 nurses in the MGH Cancer Center Hematology/Oncology and Bone Marrow Transplant program juggle on a daily basis. And for the past several months they also have taken on another task, training for the 2016 Boston Marathon.

The group is running in support of Caring for a Cure, an organization founded in 2011 by Lunder 10 nurses aimed at increasing research, resources and awareness to improve the journey of patients and families with cancer.

"As oncology nurses, we witness what patients and their families go through on a daily basis during intensive chemotherapy and bone marrow transplant treatments," says team member Laura Phelps, RN. "We get to see the wonderful things that are accomplished with the money that we raise in helping patients, their families and in research."

For Phelps, running the marathon for Caring for a Cure has personal significance as well. In 2014 her father was diagnosed with a form of leukemia and was treated by her fellow MGH nurses. "Throughout his journey at MGH, I felt so supported by my amazing co-workers and Caring for a Cure," Phelps says. "I am honored and inspired to be raising funds to give back to an organization that is so meaningful to me."

The group received 10 bib numbers from their good friend Jessica Kensky, through the Boston Athletic Association survivorship program. Kensky, who was an MGH nurse on Lunder 10, was injured in the 2013 Boston Marathon bombings.

(Continued on page 4)

PRIZE POSSESSION: Partners *e*Care super user Susan Fallon, RN, of Ellison 7 and the Fireman Vascular Center, middle, won a Patriots jersey autographed by quarterback Tom Brady. Fallon is congratulated by Sally Mason Boemer, senior vice president for Finance and executive sponsor for Partners *e*Care implementation at the MGH, left, and Alexa Kimball, MD, senior vice president of the MGPO. Fallon's name was selected from the hundreds of MGHers who were automatically entered into the drawing by reading the April 8 "MGH Wave 2 Go-Live Update" email.

ResearchRoundup

***RESEARCH** at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.*

MAPPING THE WANDERING MIND

Do you ever find your mind wandering? You are not alone. Studies show that we spend 30 to 50 percent of our waking hours unfocused on the task at hand. But why? Researchers at the MGH's Martinos Center for Biomedical Imaging used functional MRI (fMRI) technology to identify changes in brain activity that take place between focused and unfocused states of mind. Learning more about the dynamics of attention shifts could eventually help scientists answer questions such as: "How do thought patterns emerge?" and "How do people make decisions on a day-to-day basis?"

MARIJUANA AND THE BRAIN

A new MGH research study found that the brains of young adult marijuana users react differently to experiences of social exclusion than those of non-users. Using a computer simulation that mimics playing a game of catch with two other people, researchers found that the area of the brain that typically activates during social rejection reacted less in marijuana users than in non-users when they were excluded from the game. More research is needed to determine if this change in brain state results in real-life changes in social behavior.

REGENERATING HEART TISSUE

A team of researchers at the MGH Center for Regenerative Medicine have grown functional heart tissue using donated human hearts that have been stripped of their cells. While growing an entire human heart is still far off, the scientists said tissue grown from a patient's own cells may lead to patches to replace cardiac tissue damaged during a heart attack.

CAN OXYTOCIN PREVENT OBESITY?

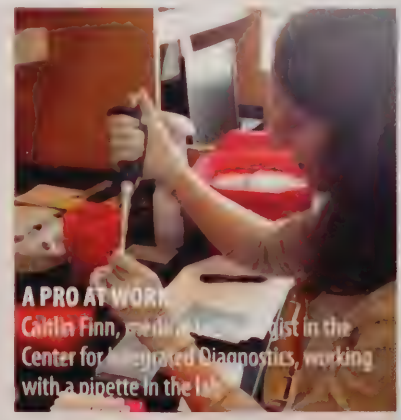
Researchers at the MGH are investigating whether doses of synthetic oxytocin – a hormone produced naturally in the brain – could help to curb obesity by improving self-control. A recent study showed that a group of overweight/obese male subjects who took a nasal spray of oxytocin prior to playing a computer game had more control over their behavior and acted less impulsively. A previous study determined that a dose of oxytocin spray could reduce food and fat intake without affecting appetite, but researchers were not able to determine why the spray had this effect. More research is now needed to confirm these results in female subjects.

STUDY LEADS TO NEW HEART PROCEDURE

Physicians at the Fireman Vascular Center are now offering transcarotid artery revascularization (TCAR), a new and less invasive treatment for carotid artery disease. The new process, which was tested in a worldwide clinical trial led in the United States by two MGH physicians, involves accessing the common carotid artery through a small incision above the collarbone. This reduces the risk of suffering a stroke during the procedure and other complications associated with more conventional surgical approaches. The MGH was the first hospital in the Boston area to offer this procedure.

For more information, visit *massgeneral.org/researchnews*. Email research updates to *researchinstitute@mgh.harvard.edu*. ■

A week to honor medical laboratory professionals



MEDICAL LABORATORY PROFESSIONALS WEEK – an annual celebration of laboratory professionals and pathologists who play a vital role in every aspect of health care – runs from April 24-30. It is a time to honor the more than 300,000 medical laboratory professionals around the country, who perform and interpret more than 10 billion laboratory tests in the U.S. every year.

"Our unwavering goal has always been excellence in service to patients – accurate diagnosis, communicated effectively and efficiently – and the highest standards in research and training," says David Louis, MD, chief of Pathology Service. "We have much to celebrate every day."

Since staff often work behind the scenes, few people know about the critical testing they perform every day, says Louis. Laboratory information is a key driver of evidence-based clinical care, which informs medical decision-making, and laboratory data is said to account for around 70 percent of information stored in any given electronic medical record.

At the MGH, the Pathology Service includes more than 700 employees and builds upon 120 years of experience. Their annual volume exceeds 10 million clinical laboratory tests, 80,000 surgical specimens, 60,000 cytopathology specimens and 35,000 blood transfusions. In 2015, the Pathology Blood Donor Center provided 7 percent of red cells, 45 percent of platelets and 72 percent of fresh frozen plasma transfused at the hospital. All blood products collected are used by patients at the MGH, Spaulding Rehabilitation Hospital, Massachusetts Eye and Ear Infirmary and Shriners Hospital for Children.

Volunteers lend a hand with baby cuddle program

COMFORT AT THE BEDSIDE – or the bassinette – doesn't always come from a doctor or a nurse in MGH nurseries.

For three hours a week, it could be an MIT student offering an embrace to a newborn in need or a Boston grandmother soothing a premature infant, quietly singing from a rocking chair. These volunteers are two of the more than 40 "cuddlers" at the MGH, part of a robust program benefiting babies and parents.

Started in 2011, the cuddling program aims to "fill in those gaps of time when a parent might not be able to be at the baby's side," says Alexa O'Toole, RN, program coordinator. Cuddlers help nurture babies who need to stay in the hospital for extended periods of time, including infants requiring extra medical attention or those awaiting foster care or adoption.

But what is distinctly different from other hospitals, says O'Toole, is volunteer training in a newborn's physical, emotional and psychological cues. "We incorporated an occupational therapist into the program to teach volunteers about the development of preemies and newborns," says O'Toole. Right now, the MGH is the only Boston-area hospital offering this type of education to nursery volunteers.

That teaching comes in handy even for longtime volunteers like Karen Branley. On a recent afternoon in March, Branley speaks softly to her swaddled charge, but later notices his splayed fingers, "one sign of stress," she says. She adjusts her arms to keep him feeling safely contained, and little Cole is more content within a matter of minutes. At the end of her shift, Branley leaves a required "cuddle card for Mr. Cole's mom," she says, letting her know her baby was held and cared for while she was away at work.

"Babies gain weight quicker and they have shorter length of stays because of this program," says O'Toole. "It is a weight lifted from parents' shoulders." ■

COZY CUDDLES: Cole with his cuddler Branley

— General Store

(Continued from page 1)

"We meet 10 months out of the year to determine what proposals fit within our mission and how we can then best respond," says Rose McCabe, LVC member. "There are rolling opportunities year-round for anyone wanting to apply for this funding."

The LVC and General Store offer numerous other little-known perks as well. Free gift wrapping is provided by an LVC volunteer during all store hours, no matter what the purchase is. Also, any MGH employee – after they make their first purchase at the General Store – can buy a Preferred Customer Card, which gives them a 10 percent discount on every subsequent purchase.

The Flower Shop is another asset not only for patients, families and staff, but for the community. Located within the General Store, the shop serves as the florist for events at the hospital and creates beautiful arrangements for the public – including for weddings.

The LVC, established in 1869 by hospital trustees, is among the oldest hospital auxiliaries in the country. They initially provided friendly visits to female patients of the hospital and today continue to make a difference in the lives of all MGH patients and their loved ones. Having grown from six original members to about 90 members, the LVC is made up completely of volunteer women who take time and energy to give back to the patients, families and staff of the hospital.

From lotions, to kitchen accessories, to cards – even MGH attire, toys and Legos, shoes, mugs and candles: the options are plentiful at the General Store. "The next time a gift is needed for a loved one, or even just a little something personal," says McCabe, "remember that all purchases also give funds back to the hospital, making the patient experience just that much better, which is a gift in and of itself."

THE LADIES VISITING COMMITTEE operates seven retail shops throughout the MGH. These stores exist for the ease of patients and staff, providing a welcoming atmosphere.

- The MGH General Store and Flower Shop, Blake One
- The General Store at Yawkey, Yawkey Lobby
- MGH Outfitters (medical attire shop), Blake One
- MGH General Hair Care (full service salon), Blake One
- Images Oncology Boutique, Yawkey-9th floor
- Spaulding Rehab Gift Shop

All proceeds from the MGH Retail Shops go directly back into the hospital to help fund various projects, groups and programs. Some of these initiatives include:

- Lollipops for children undergoing treatment
- Supporting the palliative care program
- Bereavement groups
- Chaplaincy services
- Camps through health centers
- Christopher's Haven
- Women's careers in medicine
- Gift to Russell Museum for educational purposes
- Supporting Patient and Family Advisory Councils

— *Nurses*

(Continued from page 1)

She is the captain of the team and a source of enormous inspiration for these nurses running the marathon.

"On my long training runs, when I feel like I can't keep going, I think of Jess and our patients," says Natalia DeMatteo, RN, who is running her first marathon. "I think of the determination that Jess has to walk on her own and the determination our patients have to beat cancer. The strength they have is unlike anything I've ever seen."

Even those who have previously run marathons have gained motivation by running for Kensky. "I am a thousand times more dedicated and motivated to make it over that finish line," says Christina Burke, RN, whose husband also is a cancer survivor. "If you could meet Jess, just once, you would know there is something about her that is hard to put into words. She exemplifies what it means to be a survivor. I feel so honored to run these 26.2 miles as a symbol of all of her hard work recovering over the past three years."

Jenni Griswold, RN, was on the 2001 MGH marathon team. However, one week before the race she was hospitalized with Guillian-Barre syndrome. She spent marathon day paralyzed in an MGH hospital bed but made a full recovery and ran the marathon in 2002. Since then she has only run for fun, until she learned of the team's available bib numbers. She knew it was an amazing opportunity but worried she wouldn't be able to manage with her already busy schedule.

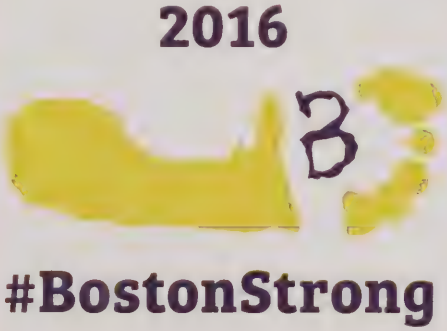
"I thought about the fear our patients have as they endure grueling treatments, prolonged hospitalizations and uncertain outcomes," says Griswold. "I thought about Jess and the doubt and fear she has experienced. Now my fear of failure didn't seem like a good enough reason to not try. As I have been training, I constantly think about how my patients or Jess would be so grateful to be healthy enough to run a marathon. This has motivated me to get up early and run before sunrise, and to keep going when my legs are tired."

Though the group hasn't always been able to train together, this hasn't lessened the bond that has grown between them all during this journey. They stay in touch with each other and with Kensky on their Facebook page, via text and by sharing post-run photos and stories.

"This is an amazing team of nurses," says Burke. "I have worked with some of these nurses for a decade or more. We have grown up as a group, and this new bond that we share is such a meaningful time in my life that I won't soon forget. I am, and forever will be, grateful to share this experience with these incredible women." Other team members include Lauren Glancy, RN, Patricia McCarthy, RN, Jean Treacy, NP and Christine Weiand, RN. ■

Stepping forward

THE CARING FOR A CURE marathon logo – a footprint – is a project Kensky worked on with her occupational therapist during her recovery. "It represents all of the steps and mobility that were taken from so many that day," says Molly Higgins, RN, co-founder of Caring for a Cure. "It represents the steps, as runners, we will take to cross that finish line in honor of Jess."



Higgins, along with Sara Stevens, NP, were the keynote speakers at the April 14 Marathon Runners' Event under the Bulfinch tent, where MGHers gathered for a celebration and send-off of well wishes to all those running the Boston Marathon.

"I think we are all channeling some of Jess' strength through this process, and it gives us quite the edge," says Higgins. "You can train for a marathon for months and do everything right. But ultimately, to get through the 26.2 miles, you have to run with your heart. Our team is all heart."

The identity of Boston

FOLLOWING THE 2013 Boston Marathon bombings, the MGH received 40 entries from the Boston Athletic Association to create an Emergency Response Marathon Team. When Thomas J. Lynch Jr., MD, returned to Boston last September as MGPO chairman and CEO, he immediately knew he wanted to be a part of the team.

"One of my biggest regrets is that I wasn't living here during the Boston Marathon bombings," says Lynch. "The opportunity to run this year with the Emergency Response Team is terrific because it gives me a chance to connect with a group that has been so important to the whole response to the marathon bombings and to the response of so many things that happen in Boston."

Runners raise funds to ensure that the hospital has the proper training and resources needed to respond to disasters. In addition to supporting this vital program, Lynch also is running to celebrate the sport and immerse himself in a race only Boston could host.

"My goal is to be a part of the community. The Boston Marathon is really special and unique to us. It's part of our identity as a city. It's a really fantastic event, and it's also a great celebration of the MGH and the spirit of the hospital."

MASSACHUSETTS GENERAL HOSPITAL

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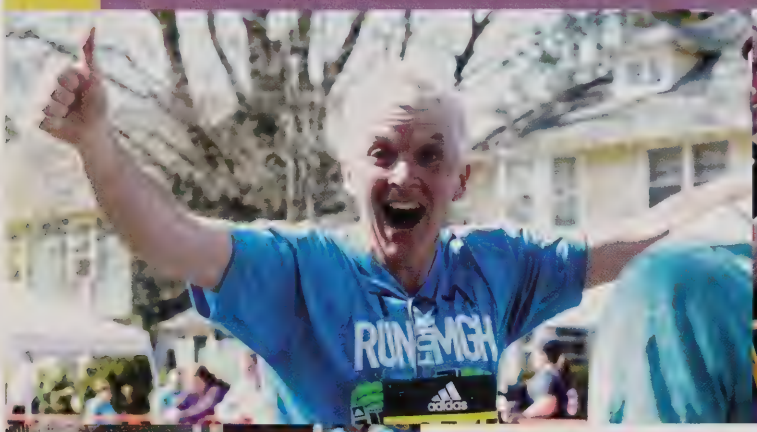
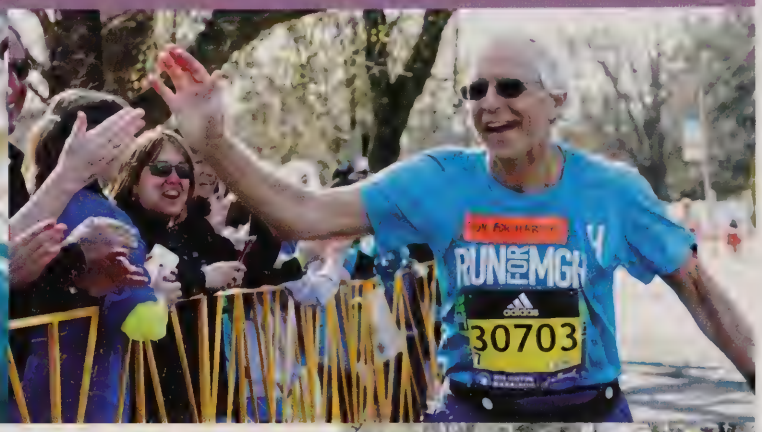
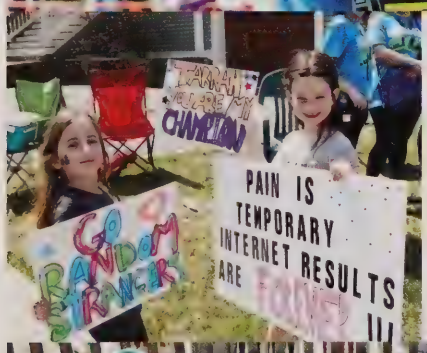
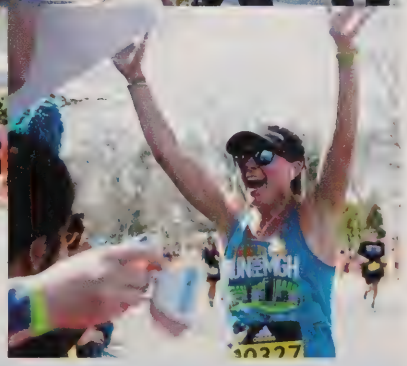






Everybody wins!

BLUE SKIES and sunshine were plentiful on Marathon Monday, as more than 150 runners took to the pavement April 18 to run the Boston Marathon to raise funds for the MGH. To date, the teams have raised more than $1.4 million in support of the hospital.



MGH performs 3,000th kidney transplant

IN 2015, Mary Anne Gauthier of Nashua, New Hampshire, received a series of devastating diagnoses. The retired professor of nursing, who taught at Northeastern University and ran its undergraduate nursing program for nearly two decades, knew something was wrong. "My joints continually ached at first, so I went to the doctor who referred me to a rheumatologist," says Gauthier. "But as the symptoms increased I knew it was more than arthritis. Something was seriously wrong."

After a round of tests under the supervision of Southern New Hampshire Medical Center (SNHMC), results revealed Gauthier was experiencing granulomatosis with polyangiitis – a relatively rare disorder that causes inflammation of the blood vessels, particularly within the kidneys. Additionally, Gauthier was diagnosed with Goodpasture syndrome, an equally rare autoimmune disease that causes the immune system to mistakenly make antibodies that attack the lungs and kidneys. Now in full renal failure, and under the care of the MGH, the Goodpasture diagnosis meant Gauthier would not be eligible for kidney transplantation until the antibody that attacked her kidneys was eliminated through the use of immunosuppression medications.

(Continued on page 4)

3,000 REASONS TO SMILE: With Gauthier, from left, MGHers Angela Marquez; Jennifer Connon, RN; Nahel Elias, MD; Eliot Heher, MD; Peter L. Slavin, MD, MGH president; Russell; and Linda Walsh, RN.

SAC meeting examines, celebrates thematic research centers

THE 69TH MEETING of the MGH Scientific Advisory Committee (SAC), on April 6 and 7, focused on the hospital's five thematic research centers. While some centers have been around for more than a decade, the event's title "The Thematic Centers at 10: Entering Adolescence," reflected both occasional growing pains and the promising potential of the centers. The annual poster session led off the first day's Celebration of Science, featuring 175 research posters, 12 of which were named posters of distinction. The afternoon session featured the announcement of this year's MGH research scholars *(see sidebar)* and presentations by the winners of the hospital's top research awards:

- **Filip Swirski, PhD,** Department of Radiology and Center for Systems Biology, received the Martin Prize for Fundamental Research for his *Science* paper on the role of the immune factor IL-3 in the dangerous immune response called sepsis.
- **Andrew Chan, MD,** Gastrointestinal Unit, Department of Medicine, received the Martin Prize for Clinical Research for his *JAMA* paper on gene variants that determine the ability of aspirin and NSAID use to reduce the risk of colorectal cancer.
- **Robert Anthony, PhD,** Division of Rheumatology, Allergy and Immunology, Department of Medicine, received the Howard Goodman Award for his investigations into the role of a molecular process called glycosylation in determining antibody function.

The keynote address was given by SAC chair Daniel Podolsky, MD, of the University of Texas Southwestern Medical Center. Previously chief of the MGH Gastrointestinal Unit and chief academic officer at Partners, Podolsky was involved in the planning efforts that led to the establishment of thematic centers in the Simches Building when it opened in 2004. He discussed how the MGH used the availability of new research space to rethink how science was organized and create opportunities not confined by the boundaries of traditional academic departments.

Executive Committee on Research chair David Louis, MD, chief of Pathology, described results of a survey on the thematic centers taken earlier this year. Investigators within the centers responded positively regarding the centers' culture and opportunities for collaboration, and although a significant percentage of non-center-based researchers were not aware that the centers existed, those who did generally regarded them as valuable assets. Among the conclusions of the survey were needs to increase awareness of the centers and the services they offer to MGH researchers and greater facilitation of interactions with industrial partners.

Each of the five center directors gave brief overviews of their centers' progress and investigations. Rox Anderson, MD, director of the Wellman Center for Photomedicine, described the use of light-based technologies to examine the inner surfaces of blood vessels, development of advanced microscopy techniques and creation of lasers based in living cells. Center for Systems Biology director Ralph Weissleder, MD, PhD, outlined studies into the role of immune cells in cancer and the development of new technologies to diagnose tumors and predict treatment response. Noting the diversity of projects undertaken within his center, Brian Seed, PhD, director of the Center for Computational and Integrative Biology, discussed development of an instrument to detect genetic data on Mars, studies of how intestinal immune genes relate to inflammatory bowel disease and work to improve the gene-editing tool CRISPR.

David Scadden, MD, director of the Center for Regenerative Medicine, described studies into factors determining the fate of developing cells, the properties of lung-tissue stem cells and the regeneration of organs on cell-free scaffolding. Newly-named director of the Center for Human Genetic Research Sekar Kathiresean, MD, thanked his predecessor James Gusella, PhD, for his leadership, outlined striking examples of how gene variants can significantly alter disease susceptibility and noted that the center is poised to bring gene-based precision medicine into treatment of cardiovascular and other major diseases.

2016 MGH Research Scholars

NOW IN ITS SIXTH YEAR, the MGH Research Scholars program was founded to support promising young investigators pursuing innovative approaches to challenges in medical science. The program is funded by philanthropic support and provides five years of unrestricted funding.

- Caroline Burns, PhD, Cardiovascular Research Center, Department of Medicine
- Jacob Hooker, PhD, Martinos Center for Biomedical Imaging, Department of Radiology
- J. Keith Joung, MD, PhD, Center for Computational and Integrative Biology, Department of Pathology
- Cammie Lesser, MD, PhD, Division of Infectious Diseases, Department of Medicine
- Filip Swirski, PhD, Center for Systems Biology, Department of Radiology
- Seok-Hyun (Andy) Yun, PhD, Wellman Center for Photomedicine, Department of Dermatology

"The five MGH thematic centers have all been highly successful over the past 8 to 12 years, as attested to by their scientific discoveries, the results of our survey and the comments we received from SAC," says Louis. "The SAC members were very impressed with all of the centers, which led to fruitful discussions about the future of thematic center-oriented research at MGH." ■

THE SPIRIT OF SCIENCE: Center for Systems Biology investigator Edmund Keliher, PhD, (center) discusses his research at the annual Celebration of Science poster session.

MGH/MGPO Opioid Task Force tackles epidemic

SINCE ITS FORMATION in November 2015, the MGH/MGPO Opioid Task Force has been dedicated to outlining ways the hospital can better respond to the state's opioid epidemic and improve patient care. The group – made up of clinicians and nonclinicians from a number of departments – has created a set of institutional best practice guidelines focused on the safe and thoughtful prescribing of opioids in the setting of acute pain and for medications issued to patients with chronic pain.

"We hope to be leaders in addressing this problem and these guidelines only represent a fraction of the work ahead," says Eric Weil, MD, associate medical director for Primary Care. "We have an obligation to manage pain and do it appropriately, but we also have to do it in a responsible fashion. We've all seen a rise in the use and misuse of prescription medications, and I think it's important to acknowledge that we can all play a role in the solution."

The MGH has long been dedicated to providing resources and care to patients who suffer from substance use disorders – including the creation of an inpatient Addiction Consult Service, the hiring of recovery coaches and the offering of addiction services for patients post-discharge. The hospital's most recent efforts come on the heels of Massachusetts' enactment of the "Act Relative to Substance Use, Treatment, Education and Prevention."

As part of this new statewide legislation, some first-time patients who are prescribed opioids will be limited to a seven-day prescription. And starting this July, any patient who arrives in a Massachusetts emergency department who is experiencing an overdose or who has received Naloxone – which blocks or reverses the effects of opioids – before arriving must undergo a substance use evaluation within 24 hours of receiving services.

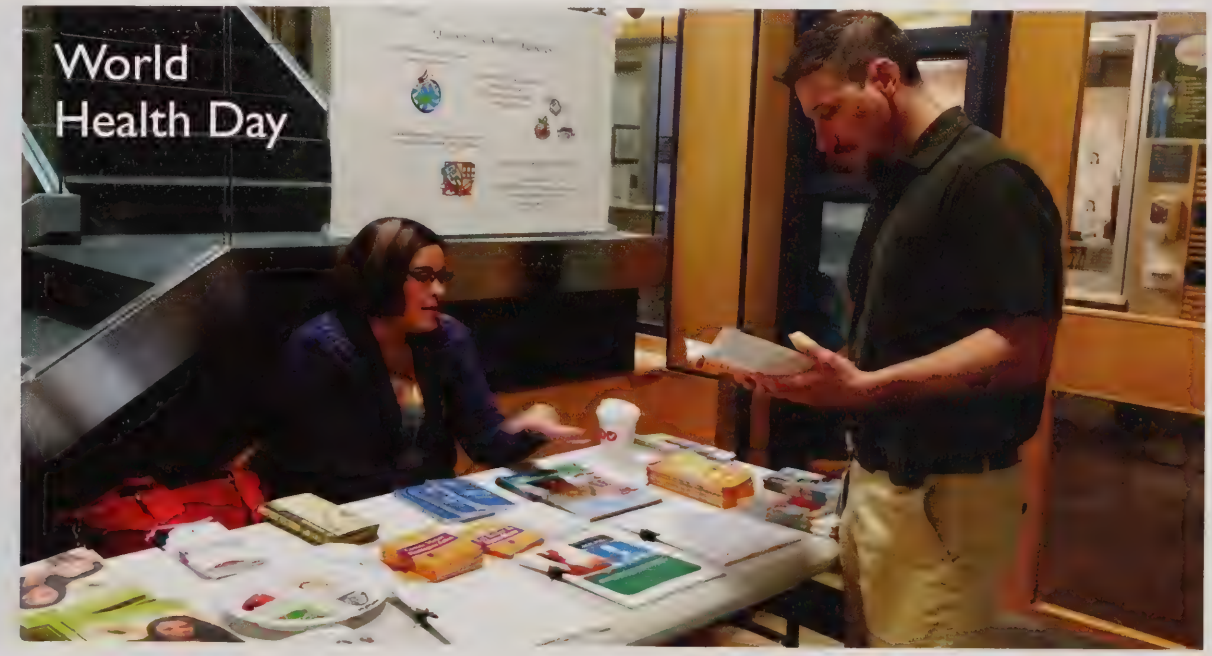
"The MGH Task Force has spent several months drafting our guidelines for prescribing opioid medications in anticipation of this new law. They are now being reviewed and vetted throughout the hospital," says Weil. "We are continuing to work on educational materials and trainings to dispense this information to our staff, patients and their caregivers. Prescribing opioids safely, communicating openly with our patients and appropriately managing patients' pain is of key importance as part of this new campaign."

The task force will host the campaign's official launch from 7 am - 7 pm on May 3-4 with an "Employee Medication Take Back Day." Staff are encouraged to bring unused or expired prescription medications – not limited to pain medication – to the medical bin alongside the education table at the main campus in the White corridor by Coffee Central. There will be educational materials available, and the first 100 participants each day also will receive a $5 gift card to MGH eateries.

Along with these measures, the task force is looking to the MGH community for ideas and feedback as the campaign continues. Please reach out to department managers or supervisors with any questions or ideas to advance the mission. ■

Nationwide numbers

ACROSS THE COUNTRY, 2.1 million people are suffering from substance use disorders related to prescription opioids, driving the deaths of 44 people daily. In Massachusetts alone, 1,173 individuals succumbed to opioid-related overdose death in 2014, including heroin deaths. Only 36 percent of Massachusetts residents report being warned about the risks of addiction when being prescribed opioids, while the national average is 61 percent.



EDUCATION AND AWARENESS: Isabel Melendez, MGPO population health coordinator, left, shares information about diabetes education and prevention with Andres Lofrano, of Interpreter Services, at the MGH Chelsea HealthCare Center during World Health Day on April 7. Sponsored by the World Health Organization, World Health Day is a global health awareness event. This year's featured theme was "Beat Diabetes."

— *Transplant*

(Continued from page 1)

"The upside my doctors told me was that I was still a good candidate for a transplant because I was, overall, healthy," Gauthier says. "MGH tried to keep me positive by noting this complication wouldn't prolong my wait more than a few extra months, but that still meant dialysis and an indefinite wait for something which may never come."

Despite the uncertainty, earlier this month Gauthier received a kidney. The surgery marked the 3,000th kidney transplant the MGH Adult Kidney Transplant Program in the Transplant Center has performed. The MGH is the only site in the New England region to have performed this many kidney transplant surgeries.

"Cases like Mary Anne's demonstrate the advances the MGH has made in kidney transplantation in more than five decades," said Nahel Elias, MD, surgical director of the MGH Kidney Transplantation program, who performed Gauthier's transplant. "Our relentless commitment to research and surgical excellence – coupled with collaborations through referring regional medical centers such as SNHMC – render positive outcomes to complicated diagnoses, as is the case here."

The Adult Kidney Transplant Program has achieved some of the best patient survival rates in the country. In 2015, 36 percent of patients receiving kidney transplants at the hospital never needed a single dialysis treatment prior to transplant, which is more than twice the national average. Additionally, the program has made great strides in transplant tolerance research, allowing some patients to live drug-free after transplant.

"When I started doing kidney transplants at the MGH in 1963, we were glad when a patient could go home in a month," says Paul S. Russell, MD, John Homans Distinguished Professor of Surgery and first physician to perform a kidney transplant at the MGH. "Additionally, the chance for survival of transplants, for a year, was about 20 percent. Our 3,000th recipient went home in three days and will have about a 95 percent chance of retaining the transplant in a year. This reflects the valuable teamwork and talent of our present group of transplant physicians."

Celebrating Patient Safety Stars

AS PART OF THE MGH's commitment to quality and safety, *Hotline* will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations.

Dawn Crescitelli, RN, senior nurse in the Respiratory Acute care unit (RACU) on Bigelow 9

Crescitelli demonstrates consistent and dedicated care for her patients. She had accepted a transfer patient from the Surgical Intensive Care Unit to the Respiratory Acute Care Unit (RACU) who continued to have acute blood loss anemia. Crescitelli reviewed the patient's line history and discovered the cause. The medical team confirmed her suspicion. RACU patients often have multiple lines upon arrival from the intensive care units. Crescitelli proactively works with the medical team to have lines discontinued when medically appropriate in order to prevent line infections.

Suzette Demarais, office assistant in the Internal Medicine Associates clinic

Demarais was recognized for her attention to detail. While scanning patient data into the electronic medical record, Demarais noted several documents to be scanned were not yet carried out and thus needed further action. Demarais not only recognized the issue, but felt empowered to act on behalf of patient safety. She returned the documents to the appropriate "pod" supervisor to ensure a patient's medical needs were attended to in a timely fashion.

Adam DeTora, MD, attending physician in the Neonatal Intensive Care Unit

DeTora is an inspiring example of speaking up for safety. As a first year attending, DeTora was involved in the care of a patient who had complications related to a tracheostomy tube. Identifying several issues that contributed to the event, DeTora reported these and then participated in a number of meetings and a peer review of the case to help design and implement change. His leadership inspired others around the importance of speaking up for safety and peer review.

Joan Eilers, RN, nurse coordinator for the OB/GYN Fertility Service

Eilers is patient, thoughtful and always puts the patients' needs first. She keeps employees informed and listens to employees when issues or risks occur. She then resolves them and then educates fellow employees in order to avoid similar occurrences. Eilers calls patients to let them know how the issues have been resolved and the strategies put in place to prevent them in the future. As her colleague said, "letting patients know that we are actively doing better to make their future experiences better speaks volumes."

Christopher England, operations manager on Ellison 19

England has used an innovative approach to reduce hospital-acquired infections by rolling out the "clean bed and clean equipment initiative" on the unit. This simple but effective way of covering and identifying clean equipment has often eliminated unnecessary cleaning, thereby improving room turnover times. It has also kept all staff engaged and aware of what they can do to prevent infections.

Azzedine Errafi, radiology technician

Errafi goes above and beyond to ensure patient safety. A nurse on one of the oncology units reported difficulty in teaching a patient's family about hand hygiene due to language barriers. Errafi was on the unit when he noticed the nurse's difficulty in communicating. He was familiar with the patient's language, and after discussing the situation with the nurse, Errafi offered to make a sign for the patient's room in their language and talk with the family who were very responsive and appreciative.

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A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Celebrating success

THIS YEAR, 1,463 MGHers were recognized for their outstanding contributions to the hospital and Partners HealthCare at the annual Partners in Excellence Awards Celebration April 21 in the Bulfinch Tents.
(Continued on page 4)

Partners eCare: one month since go-live

IT HAS BEEN nearly one month since the final implementation of the hospital's new electronic health record, Partners eCare. All MGH staff are now documenting patient care in the Epic system.

With more than five years of planning behind the go-live, the first few weeks have gone as planned, though that includes some bumps along the way. "Our overall planning efforts anticipated many issues, and we have been ready for problems that have risen," says Sally Mason Boemer, executive sponsor of Partners eCare and senior vice president of Finance. "But 'as planned' does not mean that it has been easy. Change is very hard, and many people have been affected here. We know that and continue to learn from our own experiences so far to keep improving and adjusting."

Though some area workflows were hit harder than others, Boemer also acknowledges the extraordinary teamwork, problem-solving and positive attitudes that people have demonstrated while working through these first difficult weeks. "The support structures put in place have been able to sort through issues from 15 key groups and come together to articulate the issues and speak with one cohesive voice," says Boemer.

The goal now is to transition to stabilization then optimization, as leadership sorts out what is working and what still needs work, and continues to come up with ways to make things better overall. Many basic, anticipated issues have been solved, and bigger issues will continue to be worked on. "It is overwhelming how people's lives have changed," says Katie Wolf, clinical project director of Partners eCare at the MGH. "We acknowledge that for some
(Continued on page 4)

Achieving goals with the help of MGH programs

MINA CHAIBAT started working at the MGH in January 2005 as a housekeeper in Environmental Services. Chaibat knew she would need to improve her English and a suggestion from her supervisor made her aware of the English for Speakers of Other Languages (ESOL) program.

"The first class that I took was Intermediate English with Beth Butterfoss as my teacher," says Chaibat. "During the years, I moved up to different levels. After I had a baby, I came back to the program and took the English for Academic Success class. Two years later, I decided to take a computer class to improve my skills. In this class, I learned from my teacher that JVS offers a program called Bridges to College. I was improving, so I decided to try to go for a pharmacy tech certificate so I could grow at MGH."

In May 2014, Chaibat enrolled in the Bunker Hill Community College Pharmacy Tech Program. The hospital's Support Service Employee Grant and Tuition Assistance Program helped Chaibat offset the cost of the course while raising a family. In December 2014, Chaibat graduated and passed the state and national exams.

"Now I am proud of myself because I have accomplished my dream of going to college in the United States and becoming a certified pharmacy technician," says Chaibat. "It took me 10 years to accomplish my dream, but it is better late than never."

Chaibat accepted a job as a Pharmacy Technician at the MGH in June 2015. Through hard work and by taking full advantage of the available resources provided by the MGH Workplace Education Program and Training Workforce and Development, she has been able to accomplish her goals.

Applications for the 2016 MGH Support Service Employee Grant are being accepted through May 12. The grant is available to eligible nonexempt employees in administrative, clinical, service or technical support roles. For information about the grant, the Tuition Assistance program, upcoming financial aid workshops or the annual education fair, visit the MGH Training and Workforce Development website or email *MGHTraining@partners.org*.

MASSACHUSETTS GENERAL HOSPITAL

REACHING HER DREAM:
Chaibat speaking at last year's Workplace Education Program Celebration of Achievement

Simulation session

WHAT'S IN A KNEE?

Young visitors to the Paul S. Russell, MD Museum of Medical History and Innovation got the chance to simulate arthroscopic knee surgery under the guidance of MGH orthopædic surgeon Dinesh Patel, MD. The simulation session, part of the museum's offerings during the annual Cambridge Science Festival this month, also included a hands-on demonstration of a full human mannequin, taught by MGH hospitalist Patrick Smithedajkul, MD.

From now through Oct. 15, the Russell Museum will be open on Saturdays from 11 am -5 pm. As always, admission is free. What's on now: an exhibit about Saul Hertz, MD, pioneer of nuclear medicine; the SharingClinic, a kiosk that allows visitors to listen to patients' personal stories of illness and healing; an 18-minute silent film about Ether Day; and demonstrations of a virtual dissection table. Employees seeking a place to bring their lunch on a sunny day are welcome in the museum's rooftop garden.

Amazing administrative support staff honored

KAREN MANNING, patient services coordinator in the Infectious Diseases Division, was honored with the Pamela J. Ellis Memorial Secretarial Award at a ceremony in the Bulfinch Tents April 20, as part of the annual Administrative Support Staff Day luncheon.

"I would like to thank my parents for the values, morals and impeccable work ethic that you instilled in my brothers and me every day," said Manning, who received numerous nominations singing her praises. "You have always led by example and I am proud to say that following in your footsteps has brought me to this stage today." Manning also acknowledged her colleagues who nominated her. "You are the kindest, most caring, compassionate, dedicated people I have ever met. Just knowing each and every one of you both professionally and personally has made me a better person, and this has been a truly humbling experience for me to see myself through your eyes."

The award honors MGH secretarial staff who exhibit extraordinary qualities in their work, and was established in recognition of the outstanding performance and values of Ellis, who served as an executive secretary at the MGH from 1992–1996. Seventy-two staff members were nominated for this year's award. Peter L. Slavin, MD, MGH president, recognized the hospital's extraordinary administrative support staff at the luncheon.

"Your daily work is critical to our ability to carry out our four-part mission of patient care, teaching, research and community health," said Slavin. "I know that your days have been more challenging recently as we transitioned to Partners *e*Care. You and others throughout the MGH have worked really hard to minimize the impact this transition has had on the care and service we provide to our patients and their loved ones."

A complete list of nominees is featured in a framed plaque hanging on the wall opposite the MGH Gift Shop. Also in attendance was special guest Duron Harmon, a New England Patriots safety, who posed for photos and signed autographs for attendees.

"Our days are very busy, and we don't say thank you often enough. But we notice," said Slavin. "We know you are essential to the MGH family. This luncheon is a small token of our appreciation for all that you do." ■

FAMILY FUN: Manning and her nephews David, Jackson and Max pose for a photo with New England Patriot Duron Harmon.

A hands-on hospital experience

FIFTY-THREE STUDENTS from East Boston High School and the Edward M. Kennedy Academy for Health Careers participated in the MGH's annual Job Shadow Day.

On March 11 and April 1, 17 departments across the hospital provided students with firsthand experience and a closer look at the skills and knowledge required to succeed in a number of hospital careers.

Sarah Roddy, a medical laboratory scientist in the Blood Transfusion Service, who readily volunteers her time with students from the local community, was one of 21 total Job Shadow hosts this year. She showed students proper laboratory technique and students gained hands-on experience by performing and interpreting a patient's ABO blood type. Students also were taught the importance of blood donation.

Job Shadow Day, hosted by the Center for Community Health Improvement (CCHI), has been supported at the MGH for the past 20 years.

"We continue to be pleased with the generosity demonstrated by the MGH community," says Tracy Stanley, project manager at CCHI, "especially as these days took place during a very busy time for many departments with the launch of Epic."

LABORATORY LEARNING: Roddy shows students proper lab technique working with blood.

04.29.16 MGH HOTLINE

A new way to report phishing

A NEW "REPORT PHISHING" button now appears in Microsoft Outlook on Partners private build desktops and mobile build laptops. The button will make it easier to report suspicious emails to the Partners Information Security team.

Whenever you receive an email that you think is a phishing attempt:

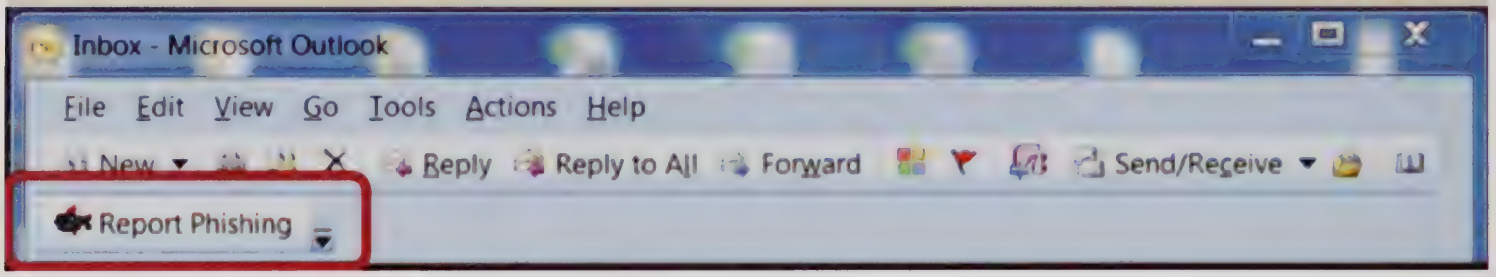
- Do not open or reply to the message.
- Highlight the message and click the Report Phishing button located on your Outlook toolbar.
- After reporting, select OK and a screen message confirms your submission to *nospam@partners.org*.

What happens after I report an email?
Once an email is reported, it is moved to the Deleted Items folder. If the email is an actual phishing attempt, Partners IS may contact you for additional information.

Will the Report Phishing button be available for all devices?
Currently the Report Phishing button is available for Partners private build desktops and mobile build laptops with Microsoft Outlook. It is also in the Self Service application for installation on Macintosh computers.

How do I report a phishing email without the button?
Highlight the suspicious message in your Inbox. From the top tool bar in Outlook, select Actions then Forward as Attachment to *nospam@partners.org*.

When in doubt, don't click or open. Everyone has the potential to be targeted, and no one is immune to a phishing attack. For questions, email *CISPO@partners.org*.



— *PIE awards*

(Continued from page 1)

Both individual excellence and teamwork was celebrated, as employees were honored with 234 individual awards and 70 team awards.

"The awards are a chance to call attention to the incredible and talented work of these individuals and their teamwork," said Anne Klibanski, MD, chief academic officer at Partners HealthCare. "Every day I am impressed at the determination and energy of all that is done to work toward the future and the goals of the hospital."

Winners are nominated in one of six areas: quality treatment and service, operational efficiency, leadership and innovation, teamwork, community contributions and sustainability.

Jeff Davis, senior vice president of Human Resources, served as master of ceremonies, and Peter L. Slavin, MD, MGH president, offered words of thanks to the extraordinary awardees for their continued commitment to patients and dedication to improving care. Winners were given the opportunity to have their photo taken with Slavin and Klibanski.

"I greatly enjoyed this year's PIE awards event and was thrilled to participate in two teams that were recognized this year; the Joint Commission Readiness and Mattress Initiative teams," said George Reardon, director of Patient Care Services (PCS) Clinical Support Services. He attended the event with colleagues Scott Parsons, associate director of PCS Clinical Support Services, and Mavis Pelligrini, unit service associate on White 9. "I was even more pleased to cheer from the audience as Scott received an award on behalf of the nine inpatient operations managers who were recognized for their outstanding teamwork. And I clapped even louder when Mavis received her individual award for her outstanding support to patients, visitors and fellow staff." ■

— *Partners eCare*

(Continued from page 1)

people it is going well, while others are still struggling. We do expect that people will continue to get more comfortable in the next few weeks and months."

The 24-hour Command Center will shut down, but plenty of support will still be available for those who need it. Embedded super users will remain with the practices, and the Help Desk, Partners eCare application team members and the MGH eCare team will continue to solve problems that arise. There will be continued trainings as well as videos and tip sheets. Fellow colleagues and managers will remain a key resource.

> "People should really feel proud of how everyone has risen to this extraordinary challenge."

"While this has been really rigorous for the institution, there has been tremendous engagement," says Wolf. "With a system update coming in the fall, users should continue to focus on the 'stabilization' of eCare and continue to get better, while leadership continues to provide the best support possible. People should really feel proud of how everyone has risen to this extraordinary challenge."

MASSACHUSETTS GENERAL HOSPITAL

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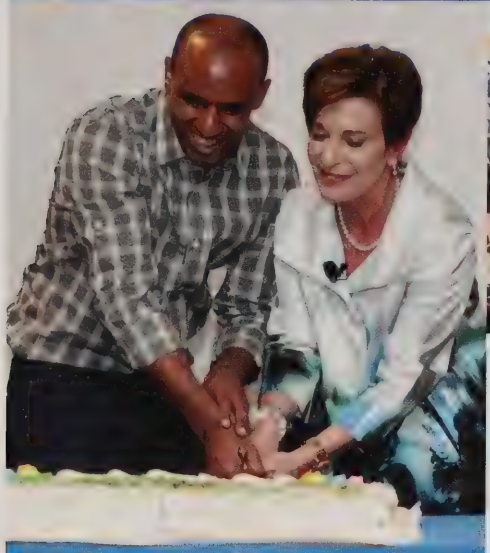
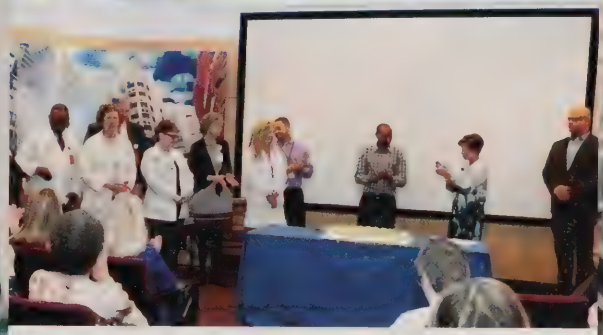
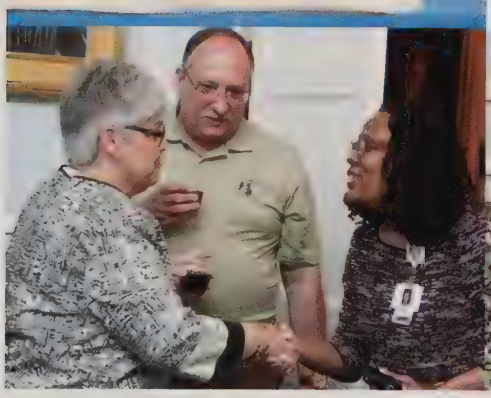




Simply the best: Celebrating nurses



SURROUNDED BY MGH nurses who have served or are actively serving in the military, Jeanette Ives Erickson, RN, DNP, senior vice president of Patient Care and chief nurse, and Zelalem Wadneh, RN, a newly-hired clinical nurse in the ED Observation Unit, sliced into a giant cake, helping to celebrate the beginning of Nurses Week at the MGH, May 1-6. Following an Army tradition, the annual cake-cutting ceremony recognizes the contributions and achievements of nurses all over the world.

It was standing-room-only in the O'Keeffe Auditorium for Ives Erickson's Chief Nurse Address May 2, which included the cake-cutting and began with a slideshow highlighting many MGH nurses. "I really don't need to stand up here to tell you how wonderful you all are," said Ives Erickson. "The photos say it all."

(Continued on page 4)

Looking and feeling good

TIM QUINN, celebrity makeup artist and national director of Creative Artistry for Giorgio Armani Beauty, and his team visited Lawrence House May 4, for a Nurses Week makeover event for the oncology nursing staff. Quinn is a cancer survivor who received treatment at the MGH for testicular cancer seven years ago. This is his fifth year hosting the event to show his appreciation for the oncology nurses.

"This is one of my favorite days," says Quinn. "I come because basically, the Cancer Center saved my life. I don't do it for me, I love doing this for the nurses. I think my team gets almost as much joy as I do out of it – it's pretty amazing."

NURSES AT THE MGH are hardworking, caring, compassionate caregivers whose dedication and commitment to excellence is seen daily – inside the hospital and within the local and global communities. In honor of National Nurses Week, *MGH Hotline* highlights some of these many nurses who represent the very best in patient care.

Nurses are ...

Patient champions

AS PART OF her efforts to support patients and to raise awareness about brain aneurysms, Cristina Matthews, CNP, of the Department of Neurosurgery, captained a team to participate in a 5K/3K run/walk around Fenway Park April 24 to benefit the Brain Aneurysm Foundation.

The team included fellow MGH nurses, nurse practitioners, doctors and residents. Survivors, and friends and family also were there to support the team. They helped raise crucial funds that provide support and educational materials to brain aneurysm patients, their families and the medical community, and help promote awareness of brain aneurysms, which can lead to earlier detection.

"We have always been very active with these research and support efforts for brain aneurysm patients," says Matthews. "This was a great opportunity to become more involved in a direct and productive way."

Matthews, who has worked at the MGH since 2003, has always been a strong supporter of her patients. She also began a brain aneurysm support group in January 2015. The group is still going strong, and meets the first Tuesday of every month. Matthews runs the group along with a few others from the department. ■

Caregivers

AFTER AN EXTENDED STAY in the hospital, many patients look forward to the quiet, peaceful serenity that their home life can offer. However, when one little girl returns from day care, her four foster brothers and sisters shower their "little queen" with attention and affection – and that's just what the nurse ordered.

Caitlin Hemeon, RN, of Ellison 17, fell in love with this little girl – who is under the care of the state of Massachusetts – when she was a patient on the floor. Understanding that the girl would need a support system post-discharge, Hemeon jumped into action. She contacted the Department of Children and Family Services (DCF) and became a foster parent. As a clinician, Hemeon also has been able to manage the 2-year-old's health complexities, which she says have thankfully been resolved.

Hemeon is one of many MGH nurses who provide a continuum of care outside the hospital for patients whose needs are not completely resolved at discharge while supporting the growth, development and safety of their foster child. According to the DCF, there are more than 9,000 children in temporary custody who need someone other than a biological parent to provide a safe and stable environment until family reunification is a possibility.

HEMEON

"Clinicians who are foster parents get it – we know what to look for, and although challenging at first, we know how to manage," Hemeon says. "As more people become aware of this need, they can say, 'Maybe I can do this' and more kids will have a chance to grow thanks to people stepping forward."

Educators

"FOR MORE than 20 years, the Norman Knight Nursing Center for Clinical and Professional Development has been responsible for continually monitoring and responding to the educational needs of all nurses, of all levels, across all departments throughout the MGH," says Gino Chisari, RN, DNP, director of the Center, who epitomizes a leader in nursing education.

Chisari initially came to the MGH in 1983 as a staff nurse in Neuroscience, where he also began precepting new colleagues. That eventually led him to a career in educating nurses. "I really found while precepting in the ICU how incredibly meaningful supporting a new nurse is to the bigger picture of patient care," says Chisari. "As a clinical nurse, caring fo patients was always my first priority, but I also realized I could make a much bigger contributio to patient and family outcomes by focusing on educating not just new nurses, but all nurses."

Chisari has taught at the MGH Institute of Health Professions and other colleges throughout the state. He became the inaugural director of the Norman Knight Nursing Center in 2008, where he continues to lead and expand the center to provide offerings not just to nurses but to all Patient Care Services staff.

"A lot of motivation comes from the MGH itself," says Chisari, "in that we have such a strong support and foundation of individual education and ongoing growth from our leadership. As we move into a new era of inter-professional practice, we enjoy the hospitalwide opportunities to participate in tha expansion of educational need and advocacy." ■

CHISARI

Diversity advocates

KELSEY CONLEY, RN, of Bigelow 9, has always been passionate about diversity and inclusion, so when she heard there was a spot available on the Patient Care Services Diversity Committee, she jumped at the opportunity.

"Not only do we serve a diverse patient population, we are also members of a very diverse workforce," says Conley, who has been active on the committee since spring 2014 and recently became one of the co-chairs. "I've learned so much over the last two years and was thrilled when I was recently offered the chance to be co-chair."

The Diversity Committee is devoted to supporting and developing strategies that transform the work setting into a more inclusive and welcoming environment for staff, patients and families. In her new role, Conley hopes to develop a short workshop to offer to different units or groups throughout the hospital that will help people reflect on how their day-to-day practice can be more inclusive.

"As we move forward as a committee, I'm hoping that we are the champions of the hospital's new diversity and inclusion statement and ensure it becomes a live document to which we are all held accountable," says Conley. "It's my dream that through these workshops and through the new statement, we all become experts in inclusion."

Global activists

AS PART OF THE Global Health Fellowship in Nursing, Bethany Groleau, RN, of Lunder 9, will be the first MGH nurse to travel to Uganda to work with and teach a group of six nurses basic oncology nursing skills, practices and safe chemotherapy administration. Groleau, who leaves May 6, will spend six weeks both working in a hospital and teaching at a university.

"I am so excited for this opportunity," says Groleau. "I feel like this was an extension of my nursing, a way to give to others and something that was so much greater than myself."

This is Groleau's first mission, and she says "she couldn't turn down the opportunity to see a different part of the world." The fellowship sponsors nurses to serve in low-resource settings with the primary objective to promote professional nursing through education and clinical practice. The fellowship aims to foster a sense of commitment to the global nursing community, to elevate the role of nurses and to provide support and education to advanced nursing practice.

"I feel so inspired by this opportunity to help the advancement of other nurses though education," says Groleau. "The potential to be any part of that makes me feel so lucky and humbled. To the nurses I don't yet know, this will be an honor." ■

Researchers

TERESA HAGAN, RN, PHD, is in the process of developing a "serious" video game – a game that depicts real-life decisions and their consequences – as a tool for boosting patient engagement and empowerment in women's cancer care.

"Gaming for health is a new field that holds great promise for educating individuals and changing behaviors," says Hagan. "Unlike typical patient education materials, serious games engage users in situations that they are likely to face in their own life. They see a context similar to their own, but the structure of the game keeps the learning goals attainable. It can bring the lofty down to the realistic and teaches through experience rather than through words."

Hagan says the underlying goal of the interactive, narrative-based patient education video game is to improve women cancer patients' abilities to advocate for themselves and help them be engaged, skilled participants in their health care, with the ultimate goal of making informed, personally meaningful choices in their care. If successful, she hopes to extend the program to other patient populations.

The project is being funded by a Heilbrunn Nurse Scholar Award Hagan received from Rockefeller University, which supports the pilot study through a two-year grant. Hagan says she is especially excited that the award includes mentorship and guidance from nurse leaders, who also will discuss her research plans and career trajectory.

"I am eager to engage in this type of mentorship because I envision this self-advocacy serious game and my program of research to be owned and championed by nurses," Hagan says. "Nurses, especially those at the bedside and most intimately involved with patients, are some of the most important advocates patients have. So supporting both patients and nurses in speaking up for the best interests of patients is an essential part of nursing care." ■

Mentors

BETWEEN PLAYSTATION GAMES and basketball practices, Mitchell Porter – grandson of Jeanne Porter, RN, of the Cardiac SICU – is hoping to make a difference in the lives of critically ill infants, one handmade quilt at a time. On March 24, the 11-year-old, who has patterned and designed more than 40 quilts since 2012, delivered the latest gifts to patients in the Neonatal Intensive Care Unit (NICU) at the MassGeneral Hospital *for* Children.

"I made a quilt for Mitchell as a baby. When he got older, he asked, 'does every child have one?'" Porter remembers. "I said, 'No, but if you help me, we'll make them for as many kids as possible.'" Since then, he's arranged hundreds of 4-by-4-inch fabric squares into colorful patchworks and is learning to sew independently under the careful eye of his grandmother.

Delivered quarterly, the quilts are Porter's way of teaching her grandson to give to others while making an impact on patients' lives. Her efforts are working; Mitchell is thinking about entering the field of medicine when he grows up.

Porter, far right, and Mitchell deliver hand-made quilts to the NICU.

— Celebrating nurses

(Continued from page 1)

Following her welcoming address, Ives Erickson invited a number of MGH nurses to speak about various important – and sometimes difficult – topics as part of a talk-show style setup. Topics included the opioid epidemic, diversity, racism, Partners *e*Care, the MGH's recent Baby-Friendly designation and global nursing programs. Jessica Kensky, RN, of Lunder 10, who was injured in the 2013 Boston Marathon bombing, also called in to talk about disability initiatives.

Another special guest included Charlotte Brown Leavitt, RN, a 1954 graduate of the MGH School of Nursing. Leavitt shared some lessons and advice from her many years of nursing, noting that teamwork, communication – especially listening – and self reflection are the greatest assets a nurse can have. "Nurses are an integral part of a team that includes not just the doctor and other care professionals – the team must include the patient and family," she said. "We as nurses must continue to work diligently to keep the 'care' in health care."

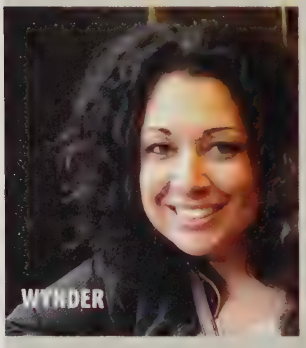
During the program, Peter L. Slavin, MD, MGH president, commended Ives Erickson and all of the hospital's nurses for the enormous value they bring to the MGH. He also announced the establishment of the Paul M. Erickson Chair in Nursing, honoring Ives Erickson's late husband, of which she will be the inaugural incumbent.

Other events throughout the week included educational sessions video streamed to the entire MGH community and its affiliates as well as an interactive nursing research poster session.

Military members and veterans

ANGELA WYNDER, RN, Emergency Department case manager and a veteran, helped form the MGH Military Veteran Partners (MVP) group after a conversation between herself and another veteran and former MGHer, Steve Temple.

"We both knew many of our fellow employees were supportive of the veteran community on an individual or departmental basis and realized the greater good that could be done by joining MGH employees wanting to support veterans with veterans in need," says Wynder.


WYNDER

The MVP has now been a formal Employee Resource Group for six months and has more than 475 members. The group welcomes all MGH employees to get involved, both veterans and nonveterans. Over the next few years Wynder hopes to build camaraderie between veteran and nonveteran employees through both service and celebratory events honoring veterans.

"Forming this group has been a challenging and transformational experience for me," says Wynder. "With this group we have started the conversation regarding what we can do to acknowledge and assist our MGH veteran community. Because of the work we do, and hope to do in the future, I am confident that MGH will be an even more supportive and welcoming environment for veterans."

Volunteers

IN 1995, Jacquelyn (Jacky) Nally, RN, program manager for MGH Center for Disaster Medicine, deployed to St. Thomas following Hurricane Marilyn as a nursing supervisor of a disaster response team. Since then, she has taken as many opportunities as she can to support disaster relief and training efforts in the U.S. and around the world.

"After that first mission, I was just hooked," says Nally. "I love the opportunity to share my knowledge and nursing skills and to help others in their times of most need. I am exposed to so many experiences and get to meet and work with great people."

Nally, who also assists in the planning and execution of hospitalwide HazMat and emergency preparedness drills and exercises, has responded to more than 25 national and international disasters in the past 20 years, including response and training in the Middle East, medical care post-disaster response in Nepal, the Philippines and Indonesia with the MGH Global Disaster Response team.

Nally, in blue, works with a local Nepali student nurse to deliver wound care at a mobile medical clinic in Nepal after the 2015 earthquake.

Some of her most meaningful missions were 9/11 and the Haiti earthquake. "9/11 was the first mission directly related to an attack here in our country," says Nally. "And we were among the first U.S. medical teams in Haiti. There was such widespread devastation, but what stood out most was the resiliency of the people. They cared so much about each other. I think I get more out of these missions than I give, and it is hugely rewarding to teach and share my clinical skills with student nurses from other countries."

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Stand Against Racism: A crucial conversation

SPEAKING UP FOR CHANGE: [illegible] left, Olson, del Carmen, Banister, Saadi and Peter L. Slavin, MD, MGH president

THE CRITICAL TOPIC of race in health care was the focus of a dynamic conversation during the annual YWCA Stand Against Racism event April 27 in Richard B. Simches Research Center.

Sponsored by the Center for Diversity and Inclusion (CDI), the Disparities Solutions Center and the Center for Community Health Improvement, the event featured a panel discussion with three MGHers, moderated by Elena Olson, CDI executive director.

"As health care professionals, we are trained to feel comfortable talking about end-of-life and countless other difficult conversations with patients and families," said panelist Altaf Saadi, MD, Neurology resident. "But we still aren't able to talk with each other about race."

Panelists discussed their own experiences related to racism, unconscious bias and cross-cultural interactions in the health care setting. Gaurdia Banister, RN, PhD, executive director of the Patient Care Services Institute for Patient Care, shared how growing up in Casper, Wyoming, helped shape who she is today, despite the incredible challenges she faced as an African-American.

(Continued on page 4)

The MGH/MGPO Opioid Task Force hosted successful Employee Medication Take Back Days on May 3-4 at the main campus. The group collected an estimated 50 pounds of medications from more than 100 staff members, while handing out information about the risk of misused opioids and ways to safely dispose of excess prescription medications. Throughout the year, staff and patients can anonymously bring back unused or expired medications any time to the permanent container located across from the Outpatient Pharmacy on the first floor of Wang. The task force is dedicated to outlining ways the hospital can better respond to the state's opioid epidemic and manage pain responsibly in an effort to encourage all staff to "be part of the solution." Volunteers include, from left, Christin Burrows and Allison Castagna, administrative fellows; Jennifer Blewett, LICSW, clinical care coordinator; Bethany Marullo, administrative fellow; Reese Cosimi, Pharmacy resident; and Karen Ryle, RPh, associate chief of Pharmacy.

ResearchRoundup

RESEARCH ROUNDUP: Research at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

ALS IMAGING TOOL MAY HELP WITH DIAGNOSIS AND TREATMENT

One big challenge in developing treatments for Lou Gehrig's disease – also called amyotrophic lateral sclerosis or ALS – is that there is no reliable way to track the progression of the disease in the brain and gauge the effectiveness of new treatments. However, researchers at the MGH were recently able to use a radiotracer (an injectable, short-lived radioactive element) to track inflammation in the neural pathways of ALS patients. Brain inflammation is an important target in developing ALS drugs, and being able to track it should help investigators design better clinical trials and speed the pace of drug discovery.

INTRAVENOUS KETAMINE MAY REDUCE SUICIDAL THOUGHTS IN THOSE WITH TREATMENT-RESISTANT DEPRESSION

An MGH research team recently found that intravenous treatment with low doses of the anesthetic drug ketamine quickly reduced suicidal thoughts in a small group of patients with treatment-resistant depression. The study found that the ketamine injections, when combined with the patient's current antidepressant medication, quickly decreased suicidal thinking in patients who had experienced suicidal thoughts for three months or longer. Ketamine treatment could provide a viable alternative to medications such as lithium and clozapine, which are currently used to treat suicidal thoughts. Both of these drugs can have serious side effects, requiring the careful monitoring of blood levels. More research will now be needed to test the ketamine treatment versus a placebo and to confirm the results in a larger study group.

IMPLANTABLE DEVICE AIMS TO TREAT PANCREATIC CANCER AT THE SOURCE

A research team from the MGH and MIT has designed a tiny, adjustable implant that could be used to deliver chemotherapy drugs directly into pancreatic cancers, instead of requiring the drugs to travel through the entire circulatory system to reach the pancreas. In laboratory models, delivering treatment directly to the source proved to be 12 times more effective than intravenous delivery, the common treatment for pancreatic cancer. Approximately 80 percent of the 48,000 people diagnosed with pancreatic cancer each year in the United States die from the disease, so there is an urgent need for better treatment options. An implantable chemotherapy system may also prove to be effective in treating other cancers and could help prevent the side effects that occur when intravenous chemotherapy drugs travel throughout the body.

STUDY SUPPORTS CONNECTION BETWEEN GOOD HYGIENE AND INCREASE IN AUTOIMMUNE DISORDERS

Could our efforts to live in a germ-free society have an unanticipated drawback? A multi-institutional team that includes researchers from the MGH is investigating the so-called "hygiene hypothesis," which suggests that early exposure to bacteria and other microbes early in life may help train the immune system to function properly and reduce the likelihood of developing autoimmune diseases and allergies. The team examined the gut microbial population of infants from three adjacent countries Finland, Estonia and the Karelian area of Russia. They found that microbia from infants in the largely underdeveloped Karelian area were markedly different from those in the more modernized countries of Estonia and Finland and that Karelian infants had lower rates of autoimmune disorders and allergies, which suggests there may be some validity to the hygiene hypothesis. ■

2016
Office Supply Swap
& Recycle Event
MASSACHUSETTS GENERAL HOSPITAL
Have you been hoarding supplies, waiting for the 2016 Office Supply Swap & Recycle Event?
Well, your wait is over!
May 17th – Charlestown
Building 149
Conference Room A
9am -11 am ~ drop off old items
Noon – 2 pm ~ pick up new items
May 19th – Main Campus
Bulfinch Tent
9 -11 am ~ drop off old items
Noon – 3 pm ~ pick up new items
An MGH badge will be required to enter
For more details about accepted items, visit
http://intranet.massgeneral.org/recycle

Office Supply Swap

HAVE A DESK LITTERED with unopened toner cartridges from an old printer, extra file folders, gently used three-ring binders, boxes of unused pens and pencils, or small desk accessories? Free up space and help fellow MGHers by recycling any new or gently used office supplies and small desk accessories at the MGH Team's Biennial Office Supply Swap, hosted by the Supply Swap and Recycle Event Committee.

The dates for this year's swap are:

- **May 17:** In the Charlestown Navy Yard Campus, Conference Room A on the first floor of Building 149. Drop-off from 9 – 11 am and pickup from noon – 2 pm.
- **May 19:** In the Bulfinch Tent. Drop-off from 9 – 11 am and pickup from noon – 2 pm.

All items left from the Charlestown Navy Yard event will be transported to the MGH main campus for the May 19 swap.

All attendees must present an MGH ID to participate. Recycled supplies will be available on a first-come, first-served basis, and are intended for use at the MGH. All items left at the end of the day will be donated or recycled.

For more information, including detailed lists of accepted items, visit *http://intranet.massgeneral.org/recycle/*.

The four 'C's' of leadership

CALLING HERSELF a big believer in the notion that slowing down speeds you up, Pamela D.A. Reeve, MBA, got dozens of people from the MGH to slow down and consciously reflect on succeeding at all levels during the eighth annual Nancy J. Tarbell Faculty Development Lecture Series hosted by the MGH Center for Faculty Development.

Reeve, now vice chair of the MGPO Board of Trustees, shared light-hearted lessons stretching from her days as a single mom at Harvard Business School to her role as CEO of Lightbridge, Inc. – a company she took public and led for 15 years.

Mentioning the recent rollout of Partners *e*Care at the MGH, Reeve's presentation on "Leadership in Turbulent Times" focused not just on the disorder of change – something she calls unavoidable – but more about four "C" words.

LEADERS: From left, Peter L. Slavin, MD, MGH president; Reeve; Tarbell; Donna Lawton, executive director of the Center for Faculty Development; and Anne Klibanski, MD, chief academic officer at Partners HealthCare

CONFIDENCE

"Remember your purpose," said Reeve. If good counsel or help is needed along the way, look for it, she says, but keep moving forward with positivity and humility. And when knocked down, don't be afraid to let anger serve as a motivation. As an MBA candidate, Reeve recalls a professor telling her she would "never make it." "Don't give power to other people," she stressed.

CONSCIOUS

Sometimes the most urgent task is to take a pause and be present, said Reeve. That requires a slowdown, celebrating the small victories along the way and something she called "opti-realism." Remaining optimistic is always important, she said, but stay realistic and "recognize the muck" in the moment.

COMMUNITY

Make a call and take a call. Ask for advice but also give advice. Establishing a strong network of people is important during times of turbulence on a personal and enterprise level, said Reeve, but so too is helping others.

CARE

Caring for personal physical and mental health is hugely important to success and makes for a more effective leader, said Reeve, but self-care is also about "setting boundaries." Some calls can probably wait until the weekend is over, she said.

For more information, *www.massgeneral.org/facultydevelopment.* ■

Turning out to save lives

ON MAY 4 more than 20 nurses from MGH critical care and operating room areas attended a day-long conference hosted by the New England Organ Bank (NEOB) in Waltham. The conference is the latest in a continuing series of nursing education programs hosted by the NEOB to inform and promote the topic of organ and tissue donation. Presentations included clinical management of donor patients, emotional support of donor families, updates about donor registries and the latest in cutting-edge transplant research. Attendees also were able to tour the NEOB facility and the New England Donor Memorial – the creation of which was sponsored in part by the MGH.

Award-winning film screening highlights Asian-American mental illness

ON APRIL 28, as part of its annual Spring Speaker Series, the MGH Department of Psychiatry Center for Diversity hosted a screening of the award-winning documentary film "Can." The screening attracted more than 100 attendees, and was followed by a panel discussion including the filmmaker and director Pearl J. Park and the subject of the film, Can Truong. The event was organized by Juliana Chen, MD, MGH Child and Adolescent Psychiatry fellow, with funding support through the American Psychiatric Association Substance Abuse and Mental Health Services Administration Minority Fellowship Program. Bringing attention to a national disparity in behavioral health, "Can" is one of the first documentary films highlighting the experience of mental illness from an Asian-American perspective.

A FILM FIRST:
From left, Josephine Kim PhD; Pata Suyemoto PhD; Catherine Vuky PhD; Nhi-Ha Trinh, MD, director, Department of Psychiatry Center for Diversity; Park; Anne Emmerich, MD, associate director, Department of Psychiatry Center for Diversity; Chen; and Justin Chen, MD, MPH, Department of Psychiatry

— *Stand against racism*

(Continued from page 1)

"We are scared to death to have these conversations because we are afraid of saying the wrong thing," said Banister. "As we build a team, we need to get to know each other not only professionally, but also as people."

Marcela G. del Carmen, MD, MPH, MGPO medical director and MGH gynecologic oncologist, was born in Nicaragua and spoke about her own difficult experiences that she said have empowered her to move forward and address the issue directly, which is important for building and maintaining trust.

"We need to figure out how to have the right conversations, and to own it," she said. "Regardless of who you are or what you do, we all need to speak up and feel comfortable doing so."

Panelists also shared practical steps and strategies to approaching the topic of racism today. Those in attendance were encouraged to not be a bystander – but an ally – by speaking up when they see or hear behavior that is inappropriate. Banister encouraged self-reflection and awareness through education, noting that the MGH provides many cross-cultural educational opportunities. The group also highlighted enhancing the diversity of the workforce and the key role each staff member plays in hiring and developing diverse talent.

"We all are often the bystanders to events," said Saadi, who wears a traditional head scarf, which she said identifies her as a Muslim woman and sometimes leads to hurtful discriminatory experiences. "Speak up; don't let things get swept under the rug. Talking about it will lead to the change we want to see." ■

Ads highlight exceptional care at the MGH

THE MGH WILL BE FEATURED in a number of print and digital advertisements in leading publications from Washington, D.C. to Maine, highlighting the MGH's exceptional care and No. 1 ranking by *U.S. News & World Report.* Display ads will also appear at Logan International Airport and in Delta and American Airlines sky clubs at airports including Reagan, LaGuardia, Logan and Newark. The ads are expected to begin running next week. They include a link to *massgeneral.org,* where readers can learn more about the MGH mission and the hospital's world-class medical care and leading-edge research.

MASSACHUSETTS GENERAL HOSPITAL

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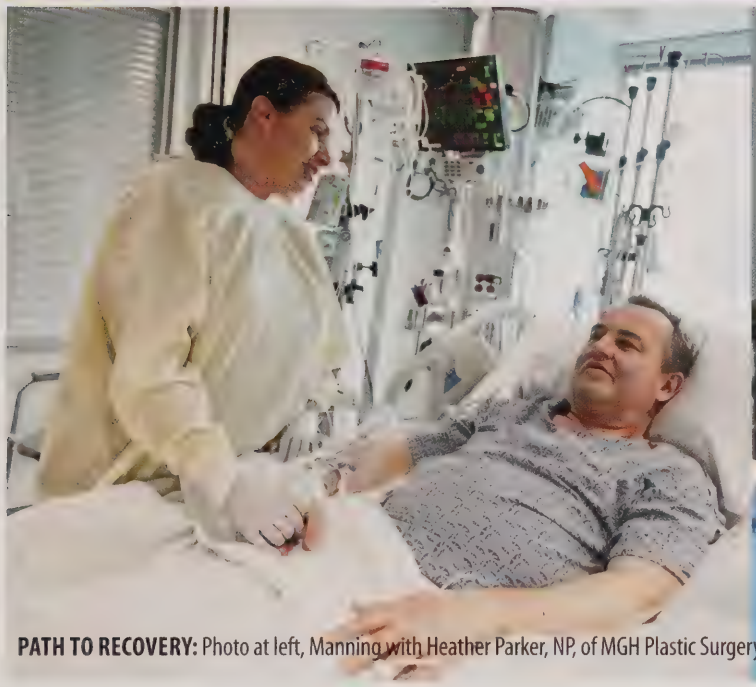

PATH TO RECOVERY: Photo at left, Manning with Heather Parker, NP, of MGH Plastic Surgery. At right, Ko and Cetrulo

First penile transplant in the nation

"Today, I begin a new chapter filled with personal hope and hope for others who have suffered genital injuries, particularly for our service members who put their lives on the line and suffer serious damage as a result," says Thomas Manning, 64, who, earlier this month, received the nation's first penis transplant at the MGH. "If you tell the truth, you have nothing to worry about. I'm not ashamed at all."

The genitourinary vascularized composite allograft (GUVCA) transplant surgery was performed by team of more than 30 MGH staff, led by surgeons Curtis L. Cetrulo, Jr., MD, division of Plastic and Reconstructive Surgery and the Transplant Center, and Dicken S.C. Ko, MD, director of the MGH Urology Regional Program. The 15-hour operation involved surgically grafting the complex microscopic vascular and neural structures of a donor organ onto the comparable structures of the recipient.

The procedure represents the culmination of more than 3½ years of research and collaboration across multiple departments and divisions within

(Continued on page 2)

Physician Recognition Dinner honors clinical excellence

CLOSE TO 650 PHYSICIANS and guests gathered for the eighth Physician Recognition Dinner on May 14 at the Westin Boston Waterfront Hotel. During the evening, the Brian A. McGovern, MD, Awards for Clinical Excellence were bestowed to physicians who emulate the dedication, compassion and kindness that McGovern – who died in 2003 – is remembered for.

The three 2016 recipients honored include Ronald Hirschberg, MD, physiatrist in the Department of Physical Medicine and Rehabilitation; Howard Weinstein, MD, chief of Pediatric Hematology/Oncology; and Alessandra Peccei, MD, obstetrician and gynecologist.

"He is the epitome of an MGH physician and embodies the characteristics that best honor Dr. McGovern," said Lindsay Carter, MD, pediatric hospitalist, of Weinstein, who received the Others Services Award. "He is a world expert, but is also humble and compassionate. He is a leader who boosts the morale and quality of everyone else he works with. He embraces academic medicine, but never forgets the

(Continued on page 4)

THE BEST IN PATIENT CARE: From left, Hirschberg, Peccei and Weinstein

MGH transplant highlights

1963 — First kidney transplant at the MGH.

1983 — New England's first successful liver transplant.

1986 — First successful pancreas transplant in New England.

1991 — First successful small bowel transplant surgery in New England.

1993 — First heart-liver transplant in New England.

1995 — First double-lobe, living related lung transplant in New England.

1998 — A team from the MGH Bone Marrow Transplant Center and the Transplantation Biology Research Center develop a new, less toxic preparative regimen allowing use of bone marrow transplantation from mismatched donors to treat certain blood-cell cancers. The technique is subsequently used to help induce immune tolerance in an organ transplant recipient. Simultaneous kidney and bone marrow transplantation treated a patient's multiple myeloma and allowed discontinuation of immunosuppressive drugs without rejection of the kidney.

1999 — Surgeons from the MGH transpl team are the first to perform sp transplant procedures in the No U.S. The procedure, in which th a single donor is divided betwe recipients – usually an adult ar is another way to deal with the shortage of donor organs.

— *Transplant*

(Continued from page 1)

the MGH – including Plastic and Reconstructive Surgery, Urology, Psychiatry, Infectious Disease, Nursing and Social Work – all of which are part of the MGH Transplant Center. Cetrulo and Ko together began researching the possibility of performing a GUVCA transplant in 2012, shortly after an MGH team led by Cetrulo completed its first hand transplant. Working closely with the New England Organ Bank, both surgeons developed key strategic surgical approaches aimed at helping patients with devastating genitourinary injuries.

At about the same time in 2012, Manning, a bank courier from Halifax, Massachusetts, experienced a devastating accident while at his job which crushed his genitalia. Subsequent follow-up after the accident revealed penile cancer, necessitating a curative partial penectomy – or amputation of the penis.

His physicians say Manning is recovering well, with blood flow established to the donor organ and no signs of bleeding, rejection or infection. While he is still early in the post-surgical healing process, his physicians say they are cautiously optimistic he will regain function.

"We are hopeful that these reconstructive techniques will allow us to alleviate the suffering and despair of those who have experienced devastating genitourinary injuries and are often so despondent they consider taking their own lives," says Cetrulo. "The entire transplant team has worked tirelessly to ensure that our patient is on the path to recovery, thanks in part to the gift of organ donation."

While individuals who have lost their penises to disease or who have suffered genitourinary injuries in combat or through a traumatic event can live without an intact organ, the psychological aspects of such an injury can be overwhelming, the surgeons say. The ability to offer a more acceptable long-term solution has been the motivation driving this research.

These proof-of-principle cases will help establish the techniques used in this procedure and will forge the path to future treatment of patients with significant pelvic and genitourinary tissue loss related to cancer, trauma or infection," says Ko. "We are delighted to have taken the first steps to help those patients who have suffered silently for far too long."

Manning says he hopes to lend support to other victims of penile cancer, as well as veterans who have suffered genital injuries. "I want to thank the extraordinary medical team here at the MGH, who helped not only make this possible, but quite literally saved my life. I would also like to sincerely thank the family of the donor, whose wonderful gift has truly give me the second chance I never thought possible. In sharing this success, it's my hope we can usher in a bright future for this type of transplantation." ■

> "Vascular Composite Allograft transplantation - at its core - relies upon a donor family with the strength to look past their own grief at the loss of a loved one and see the ability to provide hope to someone in need. In this case, too, a family experiencing a deep personal loss was able to say 'yes' to this donation and give health and well-being to another person. There are not words to adequately thank a family for the selfless gift of donation that forever changes the lives of strangers."
>
> -Statement from the New England Organ Bank

atient Jennifer Searl becomes the first person the world in whom immune-system tolerance a non-HLA-matched kidney transplant was tentionally induced through a combined kidney nd bone marrow transplant. This tolerance allows er to function with a transplanted organ without eeding any immunosuppressive drugs.

2002

The hospital's first hand transplant is performed on Joe Kinan, a survivor of the devastating 2003 Rhode Island nightclub fire.

2012

The MGH Transplant team becomes the first to test purified donor antigen-specific regulatory T cells as a therapy to help prevent rejection in human kidney transplants. This cellular therapy is designed to reduce or eliminate the need for toxic immunosuppression medications to prevent transplant rejection.

2015

First genitourinary reconstructive (penile) transplant in the nation.

2016

2012

Patient Amy DeStefano is the first person in New England to receive a heart transplant using the so-called "heart in a box" technology, which differs from the traditional method of packing a donor heart on ice until transplantation. Instead, the portable system delivers warm, oxygenated, nutrient-enriched blood to the heart after it is removed from a donor and monitors it while it continues to beat in a nearly normal state.

2014

First hospital in New England to successfully perform a "lung in a box" transplant. Donor lungs are transported inside a portable organ-preservation device similar to the heart in a box system, instead of being transported to the hospital in a cooler.

2016

First human liver transplant in the U.S. using the "liver in a box" technology, similar to the heart and lung devices.

INNOVATIVE PROGRAMS: From left, Boston Mayor Martin J. Walsh; Slavin; Monica Bharel, commissioner of the Massachusetts Department of Public Health; Quinlan; and Jay Ash, secretary of Housing and Economic Development

Outstanding honor

PETER L. SLAVIN, MD, MGH PRESIDENT, and Joan Quinlan, vice president for Community Health, along with leaders from the MGH Center for Community Health Improvement, received the 2015 Foster G. McGaw Prize for Outstanding Community Service from the American Hospital Association, the Baxter International Foundation and the Health Research Education Trust at the American Hospital Association annual meeting in Washington, D.C. on May 3.

The prize is awarded annually to a health care organization that provides innovative programs that significantly improve the health and well-being of its community. ■

Let the challenge begin

SCHWAMM

IT HAS BEEN ABOUT 140 DAYS since Lee Schwamm, MD, executive vice chairman of the Department of Neurology and director of Stroke Services, began exercising every single day for at least 30 minutes per day. Schwamm embarked on this life-changing journey, he says, because increasingly he sits in his office talking to patients about becoming more active, changing diets and exercising as the most effective way to prevent stroke.

"I felt disingenuous," says Schwamm. "I said to myself, 'What would happen if I just decided to do 30 minutes per day for one month. What would it feel like? How hard would it be?' I could speak from a more personal place with my patients."

After making this change and experiencing positive results, Schwamm hopes his colleagues, patients and others will do the same. In recognition of May as Stroke Awareness Month – and to emphasize the importance of exercise in stroke prevention – Schwamm is proposing a 30-for-30 Challenge: exercise for 30 minutes a day for 30 consecutive days.

Schwamm says exercise is a powerful prescription. Being in good physical shape not only changes the way a person's blood vessels react if they are put in a situation where they are deprived of vital nutrients, but it increases their resilience to ischemia (reduced blood supply to the brain or heart), when tissue is deprived of oxygen and glucose.

"When a person exercises, they're not just training their muscles," says Schwamm. "They're training blood vessels too. With sufficient exercise, blood vessels will be ready to react when they need to dilate or constrict."

Forms of exercise could include walking, running, swimming, riding a bike, playing sports – really any activity that increases a person's heart rate and makes him or her break a sweat.

"The journey of 1,000 miles starts with a single step," says Schwamm. "People have to start reaching for exercise as a form of reward rather than a form of deprivation and stop reaching for food as reward. It's about transforming the narrative into a heroic narrative. It's about getting up and doing something good for yourself."

Staying healthy and well

NEARLY 100 PEOPLE attended the Midlife Women's Health Community Conference on May 10. The event, in the O'Keeffe Auditorium, focused on the specific changes in the health of women at midlife and was free for patients, staff and members of the hospital community. Experts from more than 15 specialties across the hospital spoke on topics including healthy skin, changes in cancer screening guidelines, heartburn and the GI tract, and mind-body health. Among the speakers was Eva Selhub, MD, a former MGH physician who now is an internationally recognized expert and speaker in the fields of stress, resilience and mind-body medicine. Audience members also were given the opportunity to engage each speaker with Q&A sessions. The event was hosted by the MGH Midlife Women's Health Center. Pictured, from left, Selhub; Sandy Tsao, MD, of the Department of Dermatology; Kyle Staller, MD, MPH, of Gastroenterology; and Katherine Johnston, MD, of the Department of Medicine

— *McGovern Awards*

(Continued from page 1)

human side of medicine."

This year, 135 nominations were submitted for 91 different physicians. Each recipient was announced by a physician colleague who read excerpts from the nomination letters.

George Velmahos, MD, chief of Trauma, Emergency Surgery and Surgical Critical Care, announced Hirschberg as the Medical Services Award recipient. "He is compassionate and kind, making himself accessible to patients and families, patiently explaining his thoughts in clear language. He gives hope while also painting a realistic picture of recovery."

Lastly, Marcela del Carmen, MD, MGPO medical director, introduced Peccei as the Surgical Services Award recipient. "She is an outstanding clinician – smart, experienced, assured – and also a caring and compelling advocate for her patients, their families and their communities. She is the kind of doctor we all wish we had and the kind of doctor we all wish we were."

Peter L. Slavin, MD, MGH president, also spoke and noted that within the past year, the MGH has achieved an academic medical center "grand slam" across all four areas of our mission: patient care, research, teaching and community health. Thomas J. Lynch, Jr., MD, MGPO chairman and CEO, the evening's emcee, emphasized that the achievements of the MGH are made possible by what the physicians do well – putting patients first and supporting each other. ■

Celebrating Patient Safety Stars

AS PART OF THE MGH'S COMMITMENT to quality and safety, *Hotline* will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations.

Susan Ferretti, RN, operating room

Ferretti recently identified a patient's sulfite allergy that had not been communicated in hand-off. Putting patient safety first, Ferretti delayed the case and worked with the Pharmacy to identify any items that might contain sulfites, including medications, sutures and drapes. She also later performed an exhaustive literature review in order to prepare a presentation for staff.

Michael Filbin, MD, Emergency Department

Filbin has spent countless hours dedicated to improving the care of septic patients in the ED. After noticing that there was an opportunity to improve the timeliness of treatment of ED septic patients, Filbin convened a team to work on the issue. As the leader of this effort, he helped design an intervention to improve care, including reviewing colleagues' cases and providing detailed feedback and coaching. His dedication to improving the care of these patients has inspired others.

Christine Fitzgerald, RN, operating room

Fitzgerald works with a new intraoperative radiation machine and bed used to treat patients intraoperatively. Some of the positions that the patient needs to be placed in are extreme. Fitzgerald makes sure the patients are safe in the bed positioning while still being able to receive treatment. She also made a book with pictures and diagrams to show how the bed needs to be set up for each position. She is willing to speak up when she is concerned that the positioning is unsafe for the patient.

Kathleen Flaherty, RN, Ellison 10 cardiac unit night shift

On Flaherty's unit, patients require continuous cardiac monitoring, including oxygen saturations on all shifts. When she noted the oxygen saturation monitor was not displaying appropriately, she successfully addressed the problem and took it upon herself to check in with her peers to see if they had similar issues. Flaherty then tested monitors in all 36 patient rooms during her busy shift and ensured that all patients had working cords and probes. Flaherty is always a patient advocate.

Bridget Ging, RN, Inpatient Medicine Unit, White 11

Ging's practice is always thorough, as noted by her frequent review of hospital policy and procedures, to ensure care is delivered according to current nursing practice. Ging demonstrates great leadership by inspiring the nursing staff to practice in a safe manner, by following her example and dedication. When working with a patient who disclosed that he could not afford the cost of an important medication he needed, Ging worked diligently and timely to find resources to help cover the cost of the medication.

Rachel Higgins, RN, Ellison 17 Pediatric Unit

When a 6-year-old boy was being discharged after an orthopedic procedure - the last dose of oxycodone had been given the night before - and the child had been playing without pain all day. A discharge prescription was initially written for 100 doses of oxycodone. Though not uncommon, Higgins was concerned that this was too large a volume of narcotic to be sending home with the child. Higgins knew this patient and his mother lived in a shelter that was not a safe place to have such large doses of narcotics. After speaking to the clinician about her concerns, the clinician readily agreed to change the order, providing a safer discharge plan for the patient.

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PRESTIGIOUS AWARD: Jain, left, with Obama

MGH investigator honored at White House

IT WAS A BLIZZARD of smiles instead of snow on May 19 when the White House hosted a special ceremony to honor the recipients of the National Medals of Science and Technology – including MGH investigator, Rakesh Jain, PhD, director of the Edwin L. Steele Laboratory for Tumor Biology in the Department of Radiation Oncology.

The prestigious awards were announced in December with the original ceremony slated for Jan. 22, but it was postponed due to a snowstorm in Washington, D.C. The Medal of Science is the nation's highest honor for achievement and leadership in advancing the fields of science and technology. It is awarded to individuals who have made outstanding, groundbreaking discoveries that have advanced knowledge to the fields of behavioral and social sciences, biology, chemistry, engineering, mathematics and physics.

Jain has dedicated his career of more than four decades to how the microenvironment of tumors affects drug delivery and treatment

(Continued on page 4)

A sanctuary for all: MGH Chapel celebrates 75 years

ON APRIL 25, 1941, the MGH Chapel first opened its doors to the hospital, its patients, family, staff and all those in need of a place of healing and reflection. Since then the chapel has remained open 24 hours a day, 7 days a week. On May 25 a celebration was hosted to commemorate the chapel's 75 years of providing a place of solace for the MGH community.

"This is the MGH's common room where all people are equal in sharing a common humanity," said Rev. John W. Polk, MDiv, BCC, director of MGH Chaplaincy. "To those seeking peace, quiet, relief, solace, hope or grace – here we are all one. That is the miracle of this space. Though we may look or speak differently, here we seek the same thing."

The idea for the chapel began with the Rt. Rev. William Lawrence, retired bishop of the Episcopal Diocese of Massachusetts. In the late 1930s, he sent more than 1,500 handwritten letters to friends of the hospital asking for support for the chapel. Though he neared 90 years of age as he drove the creation of the Chapel, he lived to see it completed, fulfilling his desire for it to be a place of meditation – set apart from the busy hospital – where all would be welcome.

(Continued on page 4)

ALL WHO WILL MAY ENTER HERE: Members of Chaplaincy staff offer closing blessings in their differing religions and languages.

Dishing out gratitude during Research Staff Appreciation Day

GRATITUDE, team spirit and some masterfully built ice cream sundaes were on display May 18 during Research Staff Appreciation Day events on the main campus and in Charlestown Navy Yard.

The third annual event, organized by the Office for Research Career Development, was established to recognize the research staff members who provide direct scientific support to faculty investigators across the MGH research enterprise. Research staff members include technicians, technologists and study coordinators.

Lunch and ice cream sundaes were provided to attendees, and prizes of mugs and movie tickets were raffled off courtesy of the MGH Research Institute.

Harry W. Orf, PhD, senior vice president for Research, told attendees their contributions had played a crucial role in the success the hospital enjoyed in 2015. Orf noted research is one of four aspects of the MGH mission, along with health care, community service and education. "In research we were again No. 1 in extramural NIH funding, and for the first time, in the brand new *Nature Index*, MGH was rated No. 1 in the nation among health care organizations for publications in high impact journals."

Maurizio Fava, MD, director of the Division of Clinical Research, said research support staffers play a critical role in the process of discovery. "Behind every investigator, there is an incredible staff that enables research to take place."

Staff attending the event said there were many benefits to working at the MGH. "I like all the opportunities for education, such as the talks and Grand Rounds," said Hillary Ditmars, clinical research coordinator in the Center for Human Genetic Research. Ditmars' co-worker, Brenda Lee, also a clinical research coordinator, said she has been impressed by how friendly and approachable the faculty members are.

PICTURE PERFECT:
From left, Sylvia Baedorf Kassis, project manager in Radiation Oncology; Catherine Shain, clinical research program manager; and Heather Marino, clinical research program manager

Royal visit

INNOVATIVE WORK: Her Highness Sheikha Moza Bint Nasser of Qatar visited the MGH May 19 for a special presentation about type 1 diabetes treatment and research, islet and whole organ transplantation and the future of a bionic pancreas. In attendance were, from left, Firas El-Khatib, PhD, of Boston University; Edward Damiano, PhD, MGH biomedical engineer; James Markmann, MD, PhD, chief of the MGH Transplantation Division; Hilal Lashuel, advisor to the Qatari Royal family; Her Highness; David Nathan, MD, director of the MGH General Clinical Research Center and Diabetes Center; Omar El-Agnef, PhD, executive director of Qatar Biomedical Research Institute; and Steven Jon Russell, MD, PhD, of the MGH Diabetes Unit. "We were honored to show Her Highness some of the innovative work going on at the MGH," Nathan said. "It was a privilege to be able to share our successes and what we hope the future will bring."

Second lady of the U.S. featured speaker at the one hundred

THE MGH CANCER CENTER raised more than $1.8 million its ninth annual gala fundraiser, **the one hundred,** at the Westin Waterfront on May 24. The event honors 100 individuals and groups from all walks of life who have made an indelible impact on the fight against cancer. Funds raised are critical for continued momentum in both research and patient care.

After a moving introduction from Jack Connors, former chairman of Partners HealthCare, special guest Dr. Jill Biden, second lady of the U.S., gave an impassioned and heartfelt speech about the mission she and her husband Vice President Joe Biden have embarked on to infuse the research community with a "moonshot" vision to eradicate cancer.

"For Joe and me, this fight is personal," she said. "My sister recently had a stem cell transplant. Our son Beau. My mother. My father. So we know how important this fight is. But we also know it's bigger than us. It affects millions of people around the world every day."

Other honorees who addressed the crowd were New England Patriots player Nate Solder, a testicular cancer survivor who was successfully cared for at the MGH Cancer Center. Solder and his family are now waging a battle against cancer once again as his 10-month-old son Hudson is being treated for a rare kidney cancer. "I thank each and every one of you for all that you do," said Solder, acknowledging both his and Hudson's MGH care teams.

Honorary Chair Jonathan Kraft thanked the crowd of more than 900 and asked all of the 2016 honorees to stand and be recognized for their "Everyday Amazing" contributions. Moving video presentations highlighted some of the honorees – including MGH oncology nurses, immunotherapy researchers, and 10-year-old Liam Fitzgerald, a leukemia patient known as the "Boston Bruins fist bump kid."

Kraft wrapped up the night by introducing comedian Quincy Jones, another cancer warrior, who was emotional as he expressed how special he felt to have been part of such an amazing evening.

Nominations for the 10th annual **the one hundred** are now open at *www.theonehundred.org.* ■

HUMBLING HONOREES: From left, Solder, Fitzgerald, Biden and David Ryan, MD, chief of the Cancer Center

The Longest Day at MGH

IN AN EFFORT to raise awareness for Alzheimer's Disease, the MGH Martinos Center for Biomedical Imaging is opening its doors on June 20 to give patients, families and the public a chance to see how imaging is used to better understand neurodegenerative disorders. The special fundraising event is part of The Longest Day, an Alzheimer's Association campaign in tribute to caregiver heroes and Alzheimer's patients. The event is slated for 10 am and will wrap up around dusk, signifying the longest day of the year.

Attendees will have the opportunity to tour the cutting-edge research facility and hear from scientists, physicians, researchers and patient advocates, as they discuss the current state of Alzheimer's research. Funds raised by the MGH Martinos Center will benefit the research, programs and public awareness efforts of the Alzheimer's Association in Massachusetts.

— A sanctuary for all

(Continued from page 1)

"For me, this chapel is a holy place. It does not belong to any specific person, faith or religion. It is open to all individuals," said Carmen Vega-Barachowitz, MS, CCC-SLP, director of the Department of Speech, Language and Swallowing Disorders and Reading Disabilities and administrative director for the departments of Chaplaincy and Medical Interpreters. "Here one can find solace and peace in the midst of distress, and also come to give thanks for joy and bettering health of a loved one. The MGH community has gathered in this chapel in both triumph and tragedy."

Virginia Needham, chair of the Chapel Committee and Ladies Visiting Committee (LVC), spoke of the long and rich history of LVC support of the chapel, from providing its Steinway piano to the weekly flowers gracing the altar. "The chapel provides a sanctuary and safe place away from the frantic pace of a busy hospital, and the LVC continues to make a difference in the lives of MGH families, patients and staff."

Those who spoke reflected on the beauty, calm and artistry of the stained glass windows, created by Charles Connick. "If these walls could speak, I imagine they would honor the spirit the Reverend Lawrence, they would recollect all those who seek refuge to mourn," said the Rt. Rev. Alan M. Gates, bishop of the Episcopal Diocese of Massachusetts. "But these walls do speak. They speak of the gift bestowed by the light and color of the windows, their calming cobalt blue of water and air. And they speak of the human conditions of all those who have come here."

In 1991 the chapel, including the stained glass windows, was relocated from the Baker Building to its present location – maintaining almost identical form. The celebration ended with a closing prayer from Polk and members of Chaplaincy, in all their varying languages and religious traditions.

"This chapel is a place for healing and acceptance, a place where one might be alone but never lonely," said Vega-Barachowitz. "Meeting the spiritual and religious needs of patients and their families is an important part of caring for the whole person, and this will continue to be a place where anyone is welcome and where one can always find inner peace."

All the way

SPARES AND STRIKES: The O's were named champions of this year's MGH Bowling League. The team includes, from left, Daniel Caufield and Romolus Villanueva, of the Professional Billing Office, and Mary-Theresa (MT) Shore, director of Pathology Clinical Operations. The league was established in 1949 and just completed its 67th season. The season runs from September to the end of April at Lanes and Games on Route 2 in Cambridge. The group welcomes new bowlers to join the league. For more information, contact Judy Boyer, league president, at *JBoyer@partners.org*.

Change in *Hotline* Schedule

MGH Hotline will not publish June 3 because of the Memorial Day holiday. The regular publication schedule will resume June 10.

— White House

(Continued from page 1)

resistance. He credits his success to his collaboration with more than 200 doctoral and postdoctoral students, scientists, and technical and administrative staff from diverse backgrounds, who along with the many patients in clinical trials, made his journey as a chemical engineer pursuing medical research productive and compelling.

Jain is the first MGHer to receive this award. "I felt deeply honored and enormously pleased to receive this medal from President Barack Obama," said Jain. "I am extremely grateful for research support from various federal agencies and private foundations as well as philanthropic support, especially from the Cook and Steele families."

Attending the East Wing celebration with Jain were Peter L. Slavin, MD, MGH president; Jay Loeffler, MD, chief of Radiation Oncology, and Jain's family members including his wife and twin daughters. ■

"Many of them came from humble or ordinary beginnings, but along the way, someone or something sparked their curiosity. Someone bought them their first computer. Someone introduced them to a lab. A child in their lives needed specialized medical help. And because they lived in an America that fosters curiosity, and invests in education, and values science as important to our progress, they were able to find their calling and do extraordinary things. So there are few better examples for our young people to follow than the Americans that we honor today."

— President Barack Obama about the honorees

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Care team honored at fourth annual Stroke Breakfast Gala

ABOUT 7:15 AM on Jan. 7, 2014, now 54-year-old Jang-Ho Cha, MD, PhD, translational medicine head for Neuroscience at Novartis, was going through his morning routine. Cha walked downstairs in his Boston home, made a pot of coffee, took a shower and put his contact lenses in. It was when he began brushing his teeth that he noticed something was wrong.

"I dropped the toothpaste out of my left hand," said Cha, who previously was an MGH neurologist. "A normal person would say, 'Oh that's interesting,' but a neurologist says, 'What the heck?'"

Cha picked up and dropped the toothpaste three times before he decided to lay down, but on the way into his bedroom, he knocked into the wall with his left side.

It wasn't long before Cha was on his way to the MGH. He was having a stroke.

Cha worked in the MGH Department of Neurology from 1993 to 2010 as a resident and attending physician, so he was no stranger to the stroke team. He has several close friends on the team, whom he praised for taking care of him and getting him back to his day-to-day activities.

"It was an incredible experience to be taken care of by people who

(Continued on page 4)

Dangers of fentanyl discussed at MGH with Sen. Markey

FENTANYL. The man-made opioid is 50 times stronger than heroin and up to 100 times more powerful than morphine. In Massachusetts last year alone, 754 opioid-related overdose deaths had a positive screen for fentanyl. That is more than 50 percent of opioid-related overdose deaths.

On June 3, Sen. Ed Markey gathered government officials, first responders and MGHers Peter L. Slavin, MD, MGH president and Sarah Wakeman, MD, medical director for Substance Use Disorders, for a roundtable discussion in the Richard B. Simches Research Center about the increasingly fatal opioid epidemic.

During the forum, Markey stressed the need for increased treatment options and a nationwide crackdown on drug smuggling. "Fentanyl is the Godzilla of opioids and it is coming for us," said Markey. "In fact, a dose of just three salt-sized grains of fentanyl can be lethal." He says he hopes there will be a national conversation about the dangers of this drug.

Gil Kerlikowske, commissioner of U.S. Customs and Border Protection, detailed efforts to curb foreign fentanyl trafficking particularly from China and Mexico.

The discussion also featured Michael Ferguson, special agent in charge of New England Drug

(Continued on page 3)

THE FIGHT AGAINST FENTANYL: Markey addresses the growing opioid epidemic

Workplace Education Program graduates celebrated

"CAN YOU BELIEVE IT? I got a 100 percent!" said Joyce Henry, of MGH Patient Care Services, to the applauding crowd of classmates and coworkers as she announced her success in Epic training. An achievement she attributed to the computer class offered through the MGH Workplace Education Program's (WEP) partnership with JVS. On June 2 Henry was one of 112 MGH employees to receive certificates at the MGH Workplace Education Program Celebration of Achievement.

Speakers included Carlyene Prince-Erickson, director of MGH Employee Education and Leadership Development; Jeff Davis, senior vice president of Human Resources; and Jerry Rubin, JVS president and CEO. Each expressed congratulations to all of the hardworking graduates – in particular the 98 employees who took ERnglish or computer classes, the 27 employees who became citizens through JVS classes and the 14 employees who are now enrolled in college.

Because of high demand, JVS and the MGH WEP have expanded the number of classes and subjects available to MGH employees – including five levels of English for speakers of other languages, and three levels of computer classes. "I can understand my supervisor when he talks to me, and I can read information he gives me. Now I can text my supervisor too," said Bouchra Saikouk, of Environmental Services. "Also, I can talk with people who work on my floor."

Class speaker Jorge Jaramillo, of MGH Environmental Services, said, "There are no words to describe how grateful and happy I am to be a part of this program. From teachers to managers to coworkers, so much humanity has been shown and given in every step of this learning process. I really love working and studying at the MGH." ■

EPIC ACHIEVEMENTS: Henry addresses graduates at MGH WEP celebration.

Symposium offers tips, tools to enhance teaching practices

THE MGH EXECUTIVE COMMITTEE ON TEACHING AND EDUCATION (ECOTE) hosted its first Education Symposium for MGH educators on May 16 in the Starr Center and the Richard B. Simches Research Center. Nearly 200 of the hospital's brightest teachers and educational innovators gathered for the event – including physicians, nurses, nurse practitioners, physical therapists and pharmacists.

"Our goal for today's symposium is to give you a chance to reflect on your teaching practices and to provide you with some tips and tools to enhance them. We hope this event will be the foundation for inspiring and supporting a more robust community of educators at the MGH," said Brit Nicholson, MD, senior vice president for Development. "We ask you to become actively engaged as a learner, to be vulnerable about your own knowledge gaps, to ask thoughtful and provocative questions to address those learning needs, and to challenge yourself to think about how you can apply new knowledge to your own teaching going forward."

Modeling teaching best practices, the day-long event included two keynote knowledge-building sessions, interactive discussions between peers and dynamic dialogue about the intersection between education and safe patient care. Sessions focused on crucial topics, trends and breakthroughs in health care education today. The morning's theme focused on "Teaching in the Clinical Setting: Generating and/or Applying Innovative Education Scholarship," while the afternoon's theme highlighted "Teaching Interactivity & Meaningful Assessment & Feedback." The day concluded with a poster session showcasing the innovations developed by the ECOTE Pilot Grant recipients.

ENGAGING EDUCATORS: Hundreds participated in the first Education Symposium at the MGH.

"We hope that the end of this symposium reflects not a closing, but rather a new beginning – a fresh start to how we all think about, talk about, plan and perform our educational efforts," said Keith Lillemoe, MD, chief of Surgery and ECOTE chair. "Seek out opportunities for interprofessional education that represent actual clinical practice, take advantage of resources to incorporate simulation, debriefing and other forms of deliberate practice and experiential learning and explore avenues to advance educational innovation and scholarship. If everyone in this room focuses on those three areas, imagine how transformative the power of this group of educators can be."

First MGH Nursing Endowed Chair established

JEANETTE IVES ERICKSON, RN, DNP, senior vice president for Patient Care Services and chief nurse, was honored May 17 as the inaugural incumbent of the Paul M. Erickson Endowed Chair in Nursing. More than 115 guests attended a program and reception in the Paul S. Russell, MD Museum of Medical History and Innovation to celebrate the establishment of the first endowed chair in the department.

"It is an understatement to say that Jeanette is the ideal incumbent for this first chair in nursing," said Peter L. Slavin, MD, MGH president. "There is no one better. This is a great way to honor Paul's memory and a wonderful opportunity to turn a tragedy into something positive. His spirit will live on in perpetuity with this legacy. We are deeply grateful to all of Jeanette and Paul's friends, family and colleagues who generously supported this chair. This chair is a triple bonus as it will benefit the incumbent, nursing and patients, here in Boston and around the world."

The Paul M. Erickson Chair was created in memory and in tribute to Ives Erickson's late husband – an avid volunteer at the MGH and champion of nursing – through donations from more than 350 friends, family and colleagues. Ives Erickson's mother Justina Ives, brother Gregory Ives and sister Judith Ives were all in attendance.

"Paul loved the MGH and all who work and practice here," said Ives Erickson. "He would be incredibly honored that a chair in nursing bears his name. I am grateful to all who have supported the funding of this chair and to the thousands who have helped me during this past year. Thank you for honoring Paul and for trusting in me to be the incumbent nurse in this sacred chair."

The event featured remarks from Jack Connors, founding partner of Hill Holliday and former chairman of the Partners HealthCare Board of Trustees; David Torchiana president and CEO of Partners HealthCare; and Linda Lewis, former executive vice president/chief American Nurses Credentialing Center and director of the Magnet Recognition Program.

"Knowing Jeanette, she is already thinking about what's next for nursing," said Slavin. "I am confident that Jeanette's commitment to excellence and innovation will advance the field of nursing for many, many years to come." ■

From left, Slavin, Lewis, Ives Erickson, Connors and Torchiana

Research achievements showcased at day-long celebration

MGH RESEARCH FELLOWS showcased their accomplishments at the annual Research Fellow Poster Celebration May 25. Organized by the MGH Office for Research Career Development, the day included two poster sessions and a recognition ceremony. The event also included lectures by Harald Ott, MD, of the MGH Department of Surgery and Center for Regenerative Medicine, on trends in biomedical science and Nina Dudnik, PhD, founder and CEO of Seeding Labs, on research career development.

"Our postdoctoral fellows come to the MGH from all over the world to further their scientific training, and they play a critical role in the success of MGH's research enterprise," said Anne Klibanski, MD, chief academic officer at Partners HealthCare and director of the Center for Career Development. "I am very impressed with the diversity in our research fellow population, as it brings together different skills, talents and perspectives, which all lead to the world-class research we do here."

The posters are reviewed by a committee comprised of both MGH faculty and award winners from last year's poster celebration. Twelve research fellows each year are recognized for particularly outstanding work. "This year 76 posters were displayed in the Bulfinch tent, and they represent the incredible breadth and quality of research done by MGH postdoctoral fellows," said Dennis Brown, PhD, director of the Office for Research Career Development. ■

SHOW AND TELL: Brown listens as an MGH postdoc showcases his work at the annual Poster Celebration.

— Fentanyl roundtable

(Continued from page 1)

Enforcement Administration; Myechia Minter-Jordan, MD, MBA, president and CEO of The Dimock Center; John Rosenthal, co-founder of the Police Assisted Addiction and Recovery Initiative and Kaitlyn Oberle, a treatment advocate who lost a brother to an opioid overdose.

Ferguson and Rosenthal spoke on the dangers of fentanyl, which can be absorbed through the skin and breathed in – both of which can be fatal not just to users, but first responders as well. "Users often don't know the strength of what they are ingesting. They're really playing Russian roulette with each injection," Rosenthal said. "More people will die in the U.S. in the upcoming year of fentanyl overdose than from automobile accidents."

Wakeman and others in the discussion stressed that opioid users have a disease and need to be treated for it, not arrested or treated as criminals. Just as a patient with heart disease or cancer would get continued treatments, the same holds true for opioid users.

"I'm proud that here at the MGH we've been fighting this epidemic for years," said Slavin. "But the more I dig into this issue, the more shocked I become. We stand to learn a lot from others and must continue to learn, discuss and fight against this growing epidemic."

A true teaching hospital

THE MGH LEADERSHIP ACADEMY hosted its ninth annual Spring Lecture May 19, with keynote speaker Thomas J. Lynch Jr., MD, chairman and CEO of the Massachusetts General Physicians Organization (MGPO).

Lynch's lecture, "The third century of MGH doctors: The health of our patients and the health of our practice," focused on the MGPO, an overview of its history, organizational structure, mission and navigating the changing landscape of medicine.

"Sometimes it can seem distant, but always remember that the core of what we do comes back to providing the best care for our patients," Lynch said.

He framed his presentation along the six pillars of the MGPO: patient care, quality and safety, innovation, clinician support, value through population health management and community. "Innovation is at the heart of what we do, and we need an increased investment in tools and team to keep moving forward," said Lynch, citing the new Clinical Data Science Center as an example of a resource that will have great importance to the future of health care and the MGH.

THE HEALTH OF THE PRACTICE: Lynch at the ninth annual Leadership Academy Spring Lecture

Lynch also recognized the MGH Opioid Task Force for stepping up to address the opioid epidemic and the vital role of community health centers in community engagement. "They are meeting the needs of our communities," he said. "Making sure we support the centers and keep them central to our mission is incredibly important."

The Spring Lecture is the culminating event for the Leadership Academy's academic year, and provides a forum for managers to learn about best practices in leadership from top thought leaders. ■

FUTURE DOCTORS: On June 4, MassGeneral Hospital *for* Children (MGH*f*C) welcomed children to the first Teddy Bear Clinic. The future doctors and nurses checked their furry friends' vitals, decorated anesthesia masks and cared for their pals through recovery. Led by Allen Goldstein, MD, MGH*f*C surgeon-in-chief, and Mark Farrell, MS, RN, CNOR, clinical nurse manager for pediatric operating rooms, the event aimed to introduce medical care in a welcoming, unintimidating environment, and reduce a child's anxiety when visiting a hospital or primary care center. Families, gowned in scrubs, moved through the Perioperative bays where the children could take blood pressures, temperatures and weigh their patients. Participants also visited two Lunder 2 operating rooms for a demonstration of laparoscopic surgery where they were able to manipulate surgical instruments on a simulated screen. The future clinicians splinted Styrofoam bones with casting material that participants could take home once out of the operating room. They ended their day in the recovery room where they monitored their stuffed animals post-operatively.

— *Stroke team honored*

(Continued from page 1)

I know, by nurses who in many cases I have known for more than 20 years," Cha said. "I was being taken care of by attending physicians who used to be my residents. It was really a humbling experience to be in the fold of MGH care."

Cha's case was highlighted at the fourth annual Acute Stroke Breakfast Gala on May 20, which celebrates and honors the care team that delivered tissue plasminogen activator (tPA) to a patient experiencing stroke in the least number of minutes within the last year. American Heart Association standards suggest hospitals treat stroke patients within 60 minutes of arriving at the Emergency Department. The 14-member team honored at this year's event delivered tPA to Cha within 29 minutes of his arrival at the Emergency Department.

"It's fair to say that from the very beginning the people on this team have given an extraordinary amount of their personal time, commitment and energy to doing this right," said Lee Schwamm, MD, executive vice chairman of the Department of Neurology and Stroke Service director. "I couldn't be more proud of how this service has grown and how the ideals that we set out to achieve 20 years ago are now baked into the soul of the hospital and of the service."

CHA

Less than one month after Cha's stroke, he was back in the office, back to running with his dog and even saw Bruce Springsteen in concert at the Garden.

"People say to me, 'You must've gotten really special care because you worked at the MGH,'" Cha said. "I really believe I got the same care that anyone else in that same situation would have gotten. That was always an ethos that made me proud. Did I get special care? Yes. I got the MGH care." ■

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

SOLIDARITY THROUGH PRIDE: MGHers ride the float in this year's Boston Pride Parade.

Celebrating Pride Month

ON JUNE 11, MGH staff once again marched and rode aboard a float in the annual Boston Pride Parade with colleagues from Brigham and Women's Hospital. This year's theme was "Solidarity Through Pride."

"Pride season presents an opportunity for the MGH Lesbian, Gay, Bisexual, Transgender (LGBT) Employee Resource Group to connect with people who want to learn more about initiatives, educational opportunities, events and collaborations with other Partners-affiliated LGBT committees," says Mario Rodas, of Physical Therapy Services, who serves as chair of the LGBT Employee Group. "We meet and engage a lot of people with very different backgrounds and experiences in the health care community."

Rodas says Pride Month coincides yearly with the anniversary of the Stonewall riots that occurred in New York City in 1969. The riots marked the beginning of the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) rights movement in the U.S. "The events at Stonewall inspired a social awakening for many in the LGBTQ community, and had a profound effect on the nation's perception of people who identify as part of the LGBTQ community," Rodas says.

A rainbow flag was hung earlier this month in the White corridor across from the Maxwell and Eleanor Blum Patient and Family Learning Center to recognize and celebrate the work of the MGH group. It will remain on display this month as a sign of support and solidarity following the Orlando shooting tragedy. "At a time when the LGBTQ community gathers to celebrate, we are instead grieving the deadliest mass shooting in American history," says Rodas. "We are devastated by the senseless act of violence that claimed the lives of at least 49 LGBTQ people and allies in Orlando and injured more than 50 others. We grieve for them, for their friends and the entire community." ■

Going the extra mile

JUNE 7 WAS FELIX MOJICA'S day at the annual Operations Support Staff Day luncheon and Ricardo Diaz Memorial Award presentation. The award was established in memory and recognition of Diaz – who held positions in both Environmental Services and Buildings and Grounds – who tragically lost his life while removing snow from MGH sidewalks on Feb. 18, 2003. It is given yearly to an outstanding nominee who best represents the qualities demonstrated by Diaz during his 12 years at the hospital.

This year that employee was Mojica, dock coordinator for the Receiving and Distribution Department. "I go the extra mile, always doing the best I can," said Mojica, accepting his award with a smile. Mojica – who works closely with Dietary, Buildings and Grounds, Environmental Services and Patient Care Services – is the contact person for all vendors and trucking companies to schedule incoming deliveries to the MGH.

(Continued on page 2)

ALL SMILES: Mojica and Pat the Patriot, who made a special visit to the Operations Support Staff luncheon

PEDI PAGEANT VISIT: On June 9, National American Miss Massachusetts Teen Kaitlyn Rose Kennedy hosted a prince/princess event in the Ellison 17 playroom. She invited the children to be "royalty for the day" and helped them design crowns and creative capes. Kennedy had a smile glued to her face as she took pictures with the children – including Jenely Gonales, pictured here – painted small glass sandals and interacted with all of the patients. National American Miss pageants are dedicated to celebrating America's greatness and encouraging its future leaders. Each year, the pageant awards $1 million in scholarships and prizes to recognize and assist the development of young women nationwide.

— Support staff

(Continued from page 1)

At the start of the ceremony, Jean Elrick, MD, senior vice president of Administration, recognized operations support staff members and read the names of all of the award nominees before inviting them on the stage.

"I am proud to be here today to show my appreciation for everyone here in this room and the work you do every day to support the MGH," said Peter L. Slavin, MD, MGH president. "Our support staff is the backbone of this hospital. I tell people all the time that we have the finest, most dedicated employees in Boston – and that they are indeed our greatest assets."

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

NEW METHOD IDENTIFIED FOR TARGETING CARDIAC INFLAMMATION FOLLOWING A HEART ATTACK

When a patient has a heart attack, the event activates nerve fibers in the lining of the coronary arteries, resulting in the inflammation of the artery walls. This inflammation not only attracts white blood cells to the point of inflammation, but produces adhesion molecules that encourage the white blood cells to attach to the artery walls, thus increasing the risk of a blockage that could cause another heart attack.

Researchers at the MGH and MIT recently identified the mechanism that causes this inflammation and subsequent production of adhesion molecules. The team also has identified a method that could be used to "cool down" the inflammatory response and reduce the risk of another heart-attack-causing arterial blockage.

More research is now needed to confirm the safety of this treatment before it can be tested in humans.

ENCOURAGING THE USE OF THE BUILT ENVIRONMENT FOR EXERCISE MAY HELP CURB CHILDHOOD OBESITY

An MGH research program encouraging overweight or obese adolescents to increase their physical activity through the use of their everyday environment – rather than organized classes or sports programs – produced significant sustained increases in the daily physical activity of study participants.

The so-called "built environment" includes the paths, parks and other exercise areas that adolescents frequently encounter during their everyday lives. As part of the study, researchers helped participants identify the areas near their homes that could be used for exercise, and to brainstorm the types of activities – such as skipping rope or skateboarding – that could be done there. Participants in the study, who were monitored with activity and GPS sensors, demonstrated a significantly higher rate of moderate to vigorous physical exercise daily as compared to a control group.

Researchers say the results of the study suggest that programs encouraging adolescents to identify and pursue opportunities for exercise in their everyday lives may be more sustainable than organized physical activities that often take place in a specific and sometimes artificial setting.

STUDY FINDS GLOBAL HIV PREVENTION PLAN WOULD BE COSTLY TO IMPLEMENT, BUT HIGHLY COST-EFFECTIVE

Using a complex mathematical model that projects the results of small-scale clinical trials over a much larger patient population, a team of researchers from the MGH, Yale University and the University of Cape Town found that implementing the United Nations' so-called 90-90-90 treatment program for stopping the spread of HIV by 2020 would be a costly but ultimately highly cost-effective way to improve HIV survival rates, reduce the number of children orphaned by HIV and effectively end the global AIDS epidemic.

The 90-90-90 program has three key objectives: identifying 90 percent of HIV-infected patients worldwide; providing 90 percent of identified cases with antiretroviral therapy (ART); and achieving suppression of the virus in 90 percent of these ART recipients. The research team presented the results of their analysis to a worldwide meeting of key stakeholders at the United Nations in New York earlier this month.

For more information, visit *massgeneral.org/researchnews*. Email research updates to *researchinstitute@mgh.harvard.edu*. ■

Challenges and entertainment highlight HUBweek 2016

A SCIENCE communication competition, a forum to chart the future of mental health care, a conversation on medicine and race with the family of Henrietta Lacks, De-Stress Boston and an interactive series on the intersection of medicine and art are highlights of the exciting MGH programs planned for the second annual HUBweek.

HUBweek, which runs from Sept. 25-Aug. 1, is a civic collaboration of Harvard University, the MGH, MIT and *The Boston Globe* and a celebration of Boston as a center of innovation in science, technology and art. Last year, 45,000 people participated in the first HUBweek – with more than 2,000 people attending programs hosted by the MGH.

In the spirit of HUBweek, MGH programs will take on tough challenges like racial and ethnic disparities in health care – "Looking Back and Forging Ahead: A Conversation on Racial and Ethnic Disparities in Health Care with the Family of Henrietta Lacks," hosted by the Disparities Solutions Center on Sept. 29 at Faneuil Hall – and the gap between neuroscience and mental health policy – "Synaptic Gap: Connecting 21st Century Brain Science to Mental Health Treatment and Policy" on Sept 28. The MGH also will host interactive and lighthearted programs at the Paul S. Russell, MD Museum of Medical History and Innovation including: "The Art of Communicating Science" competition (Sept. 26) with special guest and award-winning science writer Carl Zimmer; a medical storytelling workshop; and an unusual and entertaining journey into art with "Michelangelo to Van Gogh: Connecting Medicine and Disease to Art and Artists" (Sept. 27). HUBweek at the MGH will kick off with the second annual De-Stress Boston, hosted by the Benson-Henry Institute for Mind Body Medicine, featuring musical performances and a special segment on finding happiness.

Visit *www.HUBweek.org* after June 22 for more program and ticket information. ■

HONORING EXCELLENCE:
From left, Peter L. Slavin, MD, MGH president; Jonathan Kraft; Steitz; Robert Kraft; and Daniel Haber, MD, PhD, director, MGH Cancer Center

Innovation and inspiration

NEW ENGLAND PATRIOTS owner Robert Kraft and his son Jonathan Kraft, president of The Kraft Group, visited the MGH May 26 to recognize leaders in cancer research. Top scientists in the field took part in the daylong Kraft Symposium, with a keynote speech by Joan A. Steitz, PhD, Sterling Professor of Molecular Biophysics and Biochemistry at Yale University, who was the recipient of this year's Jonathan Kraft Award for Excellence in Cancer Research. The prize has been given out by the MGH Cancer Center since 2006 and was recently endowed in Jonathan Kraft's name. Steitz and previous honorees were recognized for their efforts to improve the public's understanding of cancer and its treatment, while also inspiring the next generation of researchers. Steitz was lauded for her work on non-coding RNA-protein complexes and their role in cancer.

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Celebrating Patient Safety Stars

AS PART OF THE MGH's commitment to quality and safety, *Hotline* will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting a portion of their standout nominations.

Joshua Hirsch, MD, director of Neuroradiology in Interventional Radiology

Hirsch spearheaded the TEAM Operations Committee for advocating and practicing patient safety. This work, which includes a pre-procedure brief and post-procedure debrief in Interventional Radiology, has significantly improved communication and clarity between team members and allows members of the team to raise concerns without fear of repercussions.

Jessica Botelho Houston, assistant in the Surgical Pathology Lab

Houston received a request for additional tissue and noticed a potential mix-up in the grossing process. Her discovery allowed the issue to be remedied before it affected any patients. As a result, she built a platform to promote transparency of issues and bring awareness and accountability to errors made within the department.

Emily Hughes, MD, of the Department of Medicine

Hughes promotes patient safety through superb patient care and identification of areas that need improvement. She helped to identify medication safety issues in computer programs POE and CAS that led to reviews and a better understanding of how these processes will appear and work in Epic. Hughes is recognized in her department for her clear and succinct patient discharge instructions. Her work on this is used as an example for all the current hospitalists.

Kristen Kingsley, RN, of the Respiratory Acute Care Unit on Bigelow 9

Kingsley is recognized for her clinical expertise and leadership in the Patient Care Services Collaborative Governance Policy, Procedure and Products Committee. She is known to review evidence in order to lead a discussion and engage others. She brings the eye of the clinician to the bedside, promoting patient safety as well as seeking out content experts to aid in discussion. Hughes led a discussion regarding urinary catheterization in men over age 60, worked to update the policy and procedure and then assisted in educating and training nursing staff.

Sheila Leonard, surgical technician at MGH Danvers

Leonard's work in a gastroenterology case is a great example of a culture of safety where one may truly speak up without fear of retribution, as she recently identified a bio-burden when setting up equipment. This led to practice improvements in the Operating Room and in Sterile Processing. It is amazing the difference one voice can make.

Kristen Livesey, MD, of the Department of Medicine

Livesey was troubled by a poor outcome for one of her patients and used the event to highlight vulnerability in the current practice model. A patient at risk for alcohol withdrawal was admitted to an inpatient medical unit and developed severe withdrawal. Livesey advocated strongly for the introduction of Clinical Institute Withdrawal Assessment for Alcohol (CIWA) training to both physician and nursing staff, and she has enthusiastically agreed to participate in CIWA training for hospitalist staff.

ARCHITECTURE PAST AND PRESENT: This was the theme of a recent tour conducted by the Paul S. Russell, MD Museum of Medical History and Innovation for Common Boston, a weekend festival of architecture and design. Tom Chung, a principal of Leers Weinzapfel, discussed his architecture firm's approach to creating the museum as a welcoming front door to the MGH and the challenges of designing a building on such a long, narrow footprint. Participants also visited the Ether Dome to learn about the influence of Federal-style architect Charles Bulfinch.

Hotline print schedule

MGH HOTLINE has altered its print schedule for the summer. It will be printed every other week from now through Sept. 9. The next edition of *Hotline* will be available on July 1. For more information, email *hotline@partners.org*.

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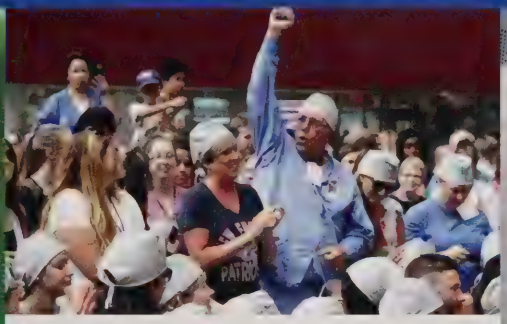
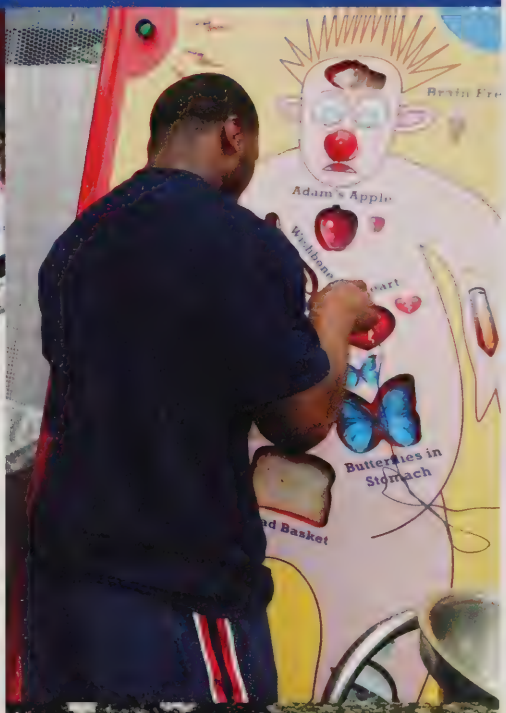
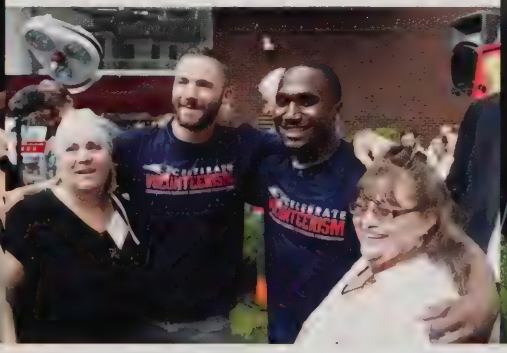




Summer has started

JUNE 22 MARKED the annual MGH Employee Summer Picnic hosted by Human Resources, with food, games, music and fun on the Bulfinch Lawn. The tent was buzzing with activity as hundreds of MGHers grabbed hot dogs and veggie burgers, complemented by chips, fruit, ice cream and drinks provided by Nutrition and Food Services.
(Continued on page 4)



Inaugural class of Bicentennial Scholars graduates college

AS CHANTELLE JONES walked across the Boston College commencement stage to receive her diploma, she was confident of her future. The 22-year-old Jamaica Plain native had already secured a position in the MGH Human Resources department supporting hospital operations and is planning her next step – graduate school.

Jones is one of 19 Bicentennial Scholars graduating this year. Created by Peter L. Slavin, MD, MGH president, and the MGH Board of Trustees in 2011, the initiative aims to support college completion for youth interested in health and science careers. The inaugural class of 25 students from Boston, Chelsea and Revere enrolled in classes in the fall of 2012.
(Continued on page 2)

Created by Peter L. Slavin, MD, MGH president, and the MGH Board of Trustees in 2011, the initiative aims to support college completion for youth interested in health and science careers.

Claflin Awards celebrated

ON JUNE 16, 50 attendees celebrated the 19th annual Claflin Distinguished Scholar Award Luncheon. The Claflin Award supports junior women faculty who have child rearing responsibilities, to help them maintain productivity in the lab while balancing parenthood.

The ceremony included short lectures presented by two of the 2016 winners, Yakeel Quiroz, PhD, of the Department of Psychiatry, who discussed her work researching brain pathology and cognitive decline in Alzheimer's disease; and Sara Looby, PhD, from the Neuroendocrine Unit and Munn Center for Nursing Research, who presented her work investigating cardiovascular risk in HIV-infected women.

CAREERS AND KIDS: The 2016 group of Claflin Scholar Award recipients

"The Claflin Award is unique, as it recognizes that we are human, and acknowledges that being a mother, researcher, clinician, teacher and administrator can be difficult," said Looby. "Instead of dismissing this as a challenge, the Claflin Award celebrates women for a job well done, and provides resources and support to help us continue to advance while allowing us time to participate in meaningful careers and family activities."

The award is named in honor of Jane Claflin, hospital benefactor and volunteer, who served as chair of the Women in Academic Medicine Committee and whose work led to the creation of the MGH Office of Women's Careers. Nancy Rigotti, MD, director of the Office for Women's Careers in the Center for Faculty Development, called Claflin "ahead of her time, immersing herself in the issues important to women."

In addition to Quiroz and Looby, the 2016 award recipients are: Dahlene Fusco, MD, PhD; Gina Kruse, MD; Julie Levison, MD, all of the Department of Medicine; and Christina Psaros, PhD, of the Department of Psychiatry.

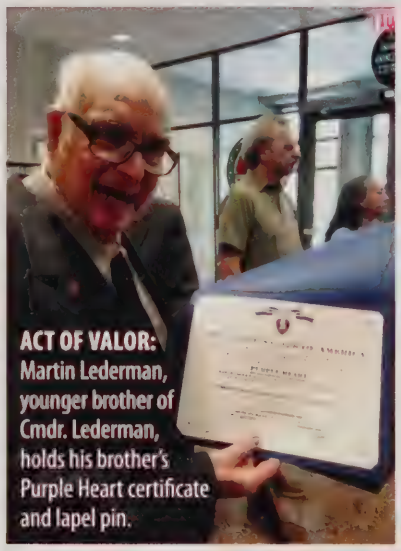
This year's honorees bring the number of program recipients into the triple digits. "We have gone from a group of three to a group of 104," said Sylvie Breton, PhD, Center for Systems Biology Nephrology Division and Program in Membrane Biology. "I was in the first class of Claflin Scholars, and this growth is part of what makes the MGH so great for women."

47 years later: former MGH surgeon receives Purple Heart

FORTY-SEVEN YEARS after being killed in action south of Danang in Vietnam, Cmdr. Melvin Lederman, MD, U.S. Navy and former MGH surgeon, finally received his Purple Heart medal.

Cmdr. Melvin Lederman

Lederman, a 1956 Harvard Medical School graduate, volunteered to go to Vietnam in 1968. He initially served as a doctor on a naval ship but his family says in an effort to save more lives by reaching soldiers sooner, Lederman began accompanying troops on their missions and went out on medical evacuations. In 1969, enemy fire brought down the rescue helicopter he was on, with five Marines and one sailor. Initially the incident was listed as mechanical failure and the seven deceased servicemen were not awarded Purple Heart medals. A later investigation, however, determined that the aircraft was struck by hostile gunfire causing the crash, but Lederman's record was never adjusted to killed in action, nor was he awarded a Purple Heart.



ACT OF VALOR: Martin Lederman, younger brother of Cmdr. Lederman, holds his brother's Purple Heart certificate and lapel pin.

After years of effort by the Lederman family, on May 23 the Purple Heart was presented to them at Brookline Town Hall for his extraordinary valor in saving the lives of servicemen in Vietnam. The award was presented by Congressman Joe Kennedy III, the Stephen F. Rutledge Veterans of Foreign Wars Post 864 and American Legion Post 11. ■

— *Bicentennial scholars*

(Continued from page 1)

The students – most of whom were the first in their families to attend college – received up to $5,000 in annual scholarships, as well as support in the form of SAT prep courses, college visits and summer internships – all sponsored by the MGH.

When Jones dove into her first pre-med classes at Boston College, she soon realized that wasn't the right fit, but with the help of her college coach, Lorita Williams, she didn't lose traction.

"The program exposed me to various career paths and allowed me the freedom to discover my passion," says Jones. "Ms. Williams was in tune and responsive to what my interests were and supported and advised me on how to accomplish my goals." Jones even participated in a shadowship with Slavin that gave her insight into a day in the MGH president's shoes.

Jones isn't alone in her success. According to a recent study, the MGH program, in conjunction with similar initiatives at Brigham and Women's Hospital and Partners HealthCare, is increasing the rate of student enrollment in college at a higher rate than peers in Boston and statewide. The program's college completion rate is also higher than the national average.

"The Bicentennial Scholars have taught us much about perseverance. I admire the strength and resiliency they have shown us," said Christy Egun, director of Boston Partnerships for the MGH Center for Community Health Improvement, who oversees three additional classes of college students, with a fourth class scheduled to start this fall.

For Jones, being able to advocate for herself and others is one of her biggest accomplishments. "The program has helped me to achieve my short-term goals as well as helped me to continue down the path to realize my long-term goals." ■

MGH physicians bring needed care to children of Armenia

IN OCTOBER 2013, Lilit Garibyan, MD, PhD, of the Wellman Center for Photomedicine, and Rox Anderson, MD, director of the Wellman Center, made their first trip to Armenia to create a medical laser center for children to help treat vascular malformations and scars. Their colleague, Los-Angeles-based dermatologist H. Ray Jalian, MD, who completed a laser fellowship at the Wellman Center for Photomedicine, joined them.

"Being born in Yerevan, Armenia and coming to the U.S. in 1991 at the age of 12, I always aspired to go back to Armenia when I had something to give back to the people," says Garibyan. "In 2013, with Rox's help and inspiration, I found something to give back."

During their first trip, they evaluated more than 70 patients with scars and treated them using a Lumenis UltraPluse scar treatment laser. Because medical laser technology did not previously exist in Armenia, the group also trained local doctors to allow continuity of care to patients with vascular birthmarks and scars.

"Both Rox and I were so inspired by the success of our first trip and so touched by the gratitude of the patients we treated that we decided to work hard to obtain lasers and return to establish a permanent medical laser clinic there," says Garibyan.

Garibyan and Anderson returned to Armenia again with Jalian in April 2015, along with Nishan Goudsouzian, MD, of the Department of Anesthesia, Critical Care and Pain Medicine. This time they were able to get the Syneron-Candela Laser Company to donate and ship two lasers to Arabkir Pediatric Hospital in Armenia, where they established a home for the laser clinic. Along with caring for more than 70 patients during the one week visit, the team also gave lectures and trained local plastic surgeons to use the laser so they could continue treatments.

The ultimate goal of these missions is to establish a sustainable laser center. A new laser from Quanta System has been donated and is currently being shipped to Arabkir Hospital. The team will return to the hospital this fall to treat patients, train doctors and give lectures.

"Unfortunately, sometimes the most effective and innovative health care technologies don't get to the patients who need them most," says Anderson. "We're determined to change that." ■

CARE ACROSS THE GLOBE: From left, Garibyan, Goudsouzian, Anderson and Jalian, in the operating room at Arabkir Pediatric Hospital

Breaking the fast

AT SUNDOWN on June 27, Muslim members of the MGH community gathered to celebrate the breaking of the fast during the holy month of Ramadan, called Iftar. Ramadan celebrates the month of the Islamic calendar in which the holy Quran was revealed, encouraging those who observe it to take part in good works and inner reflection while fasting from sunup to sundown. Celebrating the 16th annual MGH Iftar meal, 200 patients and staff, alongside their family and friends, joined together for a Middle Eastern inspired meal prepared by MGH Food and Nutritional Services.

Rev. John Polk, DMin, BCC, director of MGH Chaplaincy; Jeanette Ives Erickson, RN, DNP, senior vice president for Patient Care Services and chief nurse; Jeff Davis, senior vice president of Human Resources; and Deborah Washington, RN, PhD, director of Diversity for Patient Care Services, welcomed the attendees. "It is a very special event that empowers Muslim MGH staff members and patients to be recognized and, as one big family, celebrate the holy month," said Firdosh Pathan, RPh, of MGH Pharmacy.

—Summer picnic

(Continued from page 1)

Again this year, teams' surgical skills were put to the test at Operation 5,000 – a life-sized version of the children's game, Operation. Special guests Julian Edelmen and Dion Lewis of the New England Patriots joined 36 MGHers in the competition to benefit the My Giving Helps campaign. Blanca Ruano, medical assistant in Pediatric Phlebotomy, was on the winning team, Team Broken Heart. "I'm so happy, today was a very good day," she said. "I spent time with my family and even got my cap signed." Members of the winning team each received two tickets to the Patriots home opener on Sept. 18.

Also celebrated was MGH's "Grand Slam." In the past year the hospital was recognized by outside agencies in all four areas of its mission: Patient Care, Research, Education and Community Service. "It is always a fun time for the staff to go around in a more relaxed setting, although the bricks and the equipment can be the same, the employees bring the energy," said Peter L. Slavin, MD, MGH president. "I love giving the thanks that our staff deserves; they are the ones who make us the No. 1 hospital."

During the event, the Opioid Task Force provided information about the work it is doing to respond to the opioid epidemic. Rounding out the festive atmosphere were carnival games, music and an employee photo booth. "The event was wonderful, food was spectacular, I always love the summer cookouts," said Patricia Coughlin, clinical instructor in Medical Imaging. "I have been here for 40 years and it is a great day to see so many wonderful friends and familiar faces."

Dedicated dads

ON JUNE 17, The Fatherhood Project hosted a Story Slam event at the MGH in honor of Father's Day, featuring several speakers who shared short, personal anecdotes about fatherhood.

Ray Levy, PsyD, of the Department of Psychiatry and director of The Fatherhood Project, is a firm believer that fathers are important role models for both sons and daughters. He moderated the storytelling event and shared a heartfelt story showing the dedication of a parent. "One day my wife and I were watching our son sleeping in his crib. I looked at her and said, 'If something ever happens to me, find a new father for Ben.' I couldn't bear the thought of my son growing up without a dad."

FONDNESS OF A FATHER: Levy shares his own stories of being a father.

The Fatherhood Project is a nonprofit program in the MGH Department of Psychiatry, which seeks to improve the health and well-being of children by empowering fathers to be active, informed and emotionally engaged with their families. Research continues to show the critical importance of fathers in a child's social, emotional, behavioral and academic outcomes.

Jerry Rosenbaum, MD, chief of Psychiatry, also provided a heartfelt anecdote about his father, who – as a busy doctor – often was unable to be present at most of his activities and events. Nevertheless, he still had a huge influence on Rosenbaum's life. He spoke about his own experience as a father and the differences between his upbringing and the one his children experienced, noting he is very involved in all aspects of their lives. "All fathers are different," he said. "There is no one path. But we all leave a large impression on our childrens' lives."

Other speakers included Rhina Sariles, PSC III in the Department of Psychiatry, Edwin Melendez, practice manager in the Department of Psychiatry, and Ellen Silvius, RN, nurse manager in the Pediatric Hematology/Oncology Unit.

Small gifts of kindness go a long way

BEING HOSPITALIZED overnight might be unsettling, but for children, missing the comforts of home while ill can be an overwhelming experience. Thanks to a recent donation from Bridgewater State University's Inclusive Concurrent Enrollment Initiative (ICEI), warmth and coziness can be found on Ellison 17 and 18 in addition to the Pediatric Intensive Care Unit.

The students crafted 51 homemade fleece blankets as part of the "Blanket Buddies" program aimed at offering ICEI members, who have intellectual disabilities, an opportunity to engage and socialize with mainstream students.

"These are sure to bring joy to patients," says Sacha Field, MS, CCLS, MGHfC child life specialist, who stressed that the donation is much more than just a blanket. "Particularly for our repeat patients, they look forward to small tokens that help make the transition easier."

The ICEI program is grant funded by the Massachusetts Executive Office of Education. Now in its fifth year, the specialized program provides adults aged 18-22 with activities to strengthen their social, academic and employment skills. At the Blanket Buddies event held this spring, students voted on where to donate the crafts. Laura Mulvey, BSU Community Service Center program coordinator, who spearheaded the project, said MGH's pediatric department was the clear winner. ■

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MGH HOTLINE

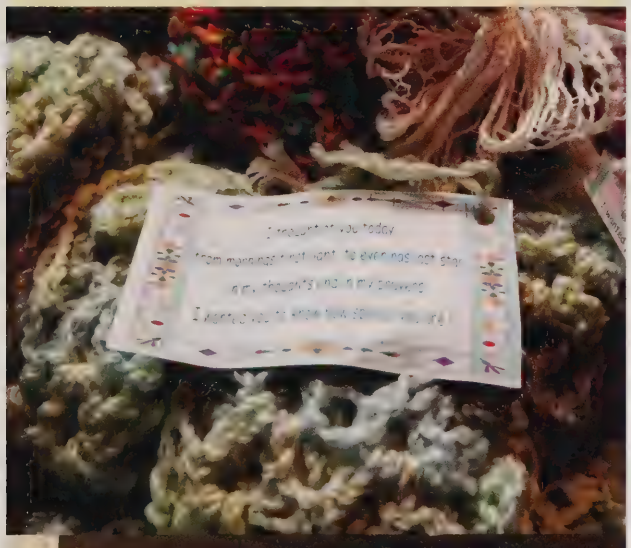
A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Comforting creations

ON JULY 5, the Chaplaincy's Prayer Shawl ministry blessed 120 newly handmade creations – including shawls, hats and robes – in the MGH Chapel.

The handwoven goods have been created and donated the past few years with the hope of providing comfort, healing and peace for MGH patients. Stephen-Jude Soldano was one of the main creators behind these prayer shawls, which he made in memory of a good friend. Soldano approached the podium with a teary smile during the service as he thanked the clergy for blessing the shawls.

Chaplain Katrina Scott thanked Soldano for his hard work and dedication and expressed sincere appreciation to everyone in attendance for participating.



CHAPLAINCY BLESSING:
From left, Chaplain Heather Lucas, Soldano and Scott with some of the knitted creations

ALUMNI ASSOCIATION:
Kanach with Cambria

High school hero

FOR MORE THAN 15 YEARS, Denis Kanach of Virginia worried about what had been described to him by one doctor as a "time bomb" waiting to go off in his chest.

The now retired college athletics director was working at Georgetown University in 1999 when he underwent emergency surgery for an aortic aneurysm. The operation was a success, but surgeons at the time were unable to fix a second aneurysm further down his aorta in the center of his chest.

"Changing my diet and reducing my stress level were things I could control," said Kanach. "But what I couldn't change were the annual CT scans and the constant worry the aneurysm might be approaching the danger zone."

Kanach was told he had reached that point in 2010, with the aneurysm then at 6.5 centimeters. He began the search for a solution, with one surgeon recommending a wait and see approach and at least two others considering an operation extremely risky. The answer for Kanach would come later from an unlikely source: the pages of his high school's alumni magazine.

"I just happened to glance down at the publication and found the article about Richard Cambria, MD, of the MGH," said Kanach. "Like me, he had attended Roselle Catholic High School in New Jersey. His older brother Bill Cambria was my classmate."

Through Bill, Kanach reached out to Cambria about his condition. Cambria, chief of the MGH's Division of Vascular and Endovascular Surgery, then spent the next five weeks reviewing Kanach's history, charts, scans and concerns.

"Denis's case was complicated and extensive, but cases like his have been a particular specialty of my division at the MGH for the last 30 years," said Cambria.

(Continued on page 4)

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

Study shows that mental overload dampens creativity

Does having too much on your mind leave you feeling disconnected and uninspired? You are not alone. A recent study by MGH researchers suggests that when our minds are in a cluttered state, we have a greater tendency to overlook both the world around us and the full potential of our inner life. The study also found that the capacity for original and creative thinking can be stunted by stray thoughts, obsessive ruminations and other forms of "mental load," thus limiting our ability to enjoy pleasure.

Clinical trial will test viability of heart implant designed to synchronize pumping

Researchers at the MGH will conduct a clinical trial to test a tiny wireless implant for heart failure that could serve as a device of last resort for patients who do not respond to more traditional cardiac resynchronization therapy devices. The device, which is designed to work in conjunction with an existing heart implant, can be attached directly to the wall of the left ventricle, which is responsible for pumping oxygenated blood out to the body.

Patient navigators help to connect low income/ethnic minority patients to cancer care

A clinical trial conducted by MGH researchers has found that the use of patient navigators – individuals who assist patients in receiving health care services – may improve comprehensive cancer screening rates among patient populations who are overdue for a screening. Such patients – mostly low-income and ethnic minorities – were contacted in their own language by a patient navigator and provided with education, encouragement and transportation assistance. The study showed that 32 percent of patients contacted by a navigator completed at least one overdue cancer screening, compared to 18 percent in a control group.

Study identifies critical need to improve management of gout

A new MGH research study highlights a "critical need" to improve the diagnosis and care for patients with gout – a painful but treatable form of arthritis – in the U.S. and beyond. The researchers found that from 1993-2011 the number of hospitalizations due to gout increased by 75 percent – and that 89 percent of those hospitalizations could have been prevented with early diagnosis and treatment. On the other hand, the team found that hospitalizations for rheumatoid arthritis decreased over the same period by 67 percent, an improvement attributed to the widespread use of better medications, improved management of the condition and earlier treatment.

Genetics of type 2 diabetes revealed in greater detail

MGH researchers recently participated in the largest genetic study of type 2 diabetes to date. More than 300 scientists from 22 countries collaborated on the project, which analyzed the genomes of more than 120,000 people of various ethnic backgrounds. The findings of the research team, which were published in *Nature* this month, identified several potential new targets for treatment while also underscoring the complexity of the disease. The data from this study has been made publicly accessible to researchers from all over the world with the hope of accelerating efforts to treat this condition. ■

Outsmarting stress

THERE IS NO perfect antidote to combating stress, rather there are several options a person can turn to when working to outsmart stress, says MGH neurologist Marie Pasinski, MD. "Your mind can only hold one thought at a time, so if you force yourself to think a positive thought, you can't be thinking a negative thought – and you can start to redesign the infrastructure of the brain."

Pasinski was the keynote speaker during the 16th annual Community Health Day at the MGH Revere HealthCare Center on June 7. In her address, "Outsmart Stress Before It Outsmarts You," she presented five ways one can work to improve stress response.

- **Master your mind:** Pasinski said meditation and relaxation rituals play a key role in the management of stress.
- **Move:** Exercise has proven to open arteries, decrease cortisol levels and boost endorphins.
- **Spend time in nature:** Outside activities decrease self-preoccupation and improve concentration and memory, as well as fostering healing.
- **Never worry alone:** "This should be applied to every aspect of our lives," Pasinski said. "When you share concerns with others, it provides a new perspective, decreases cortisol and releases oxytocin."
- **Altruism:** Helping others improves both mental and physical health. It relieves stress by releasing endorphins and producing a sense of satisfaction that comes from making a difference in someone else's life. "In addition, studies have found that volunteers tend to live longer and often have better physical health than nonvolunteers," Pasinski said.

Pasinski also provided an overview of the new MGH Institute for Brain Health, which brings together hospital specialists in clinical neuroscience to focus on the prevention of brain disorders and the preservation of brain function. "The goal of this great institute is to help people maximize brain health," she said.

During the Community Health Day, Sally Iles, associate vice president for Medicine and Primary Care Services, was honored with the annual MGH Revere Community Health Award in recognition of her commitment to improving the lives of residents and families in the community. "My work is easy compared to what you do with patients," she told those in attendance. "It is a privilege to support the work you do."

COMMITMENT TO COMMUNITY: From left, Roger Pasinski, MD, director of the MGH Revere HealthCare Center; Revere Mayor Brian Arrigo; Debbie Jacobson, administrative director at MGH Revere; Sally Iles and her husband Jack Iles

A continuing quest for awareness

THE MGH LEADERSHIP COUNCIL FOR PSYCHIATRY continued its quest to raise awareness of mental illness and diminish its stigma when members and guests from across the country convened in Boston on June 20 for the Leadership Council's Fifth Annual Visiting Day.

The event is an opportunity for supporters of the Department of Psychiatry to come together to learn about the department's latest research advances and patient care initiatives. Co-chairs Michele Kessler and Carroll Carpenter spoke to fellow council members and friends of the department about the importance of being ambassadors for this mission.

MENTAL HEALTH AMBASSADORS: From left, Kessler, Rosenbaum and Carpenter

"We know that 'no family goes untouched' when it comes to mental illness. We want to educate families about psychiatric diagnoses and to erase the age-old stigma associated with them," Carpenter said. "The more we can do this, the greater the number of people who will be motivated to seek care for themselves or a loved one."

Added Kessler, "Today you will see how special the MGH Department of Psychiatry is, not just for those of us who have the good fortune and privilege to receive care or guidance here, but for the country and the world through its teaching and research."

In his welcoming remarks, Jerrold Rosenbaum, MD, psychiatrist-in-chief, reflected on the recent graduation of the department's residents and the initiation of a new class of trainees. With this training of the next generation of clinicians and researchers, Rosenbaum said he finds hope.

"With renewal comes progress and growth, not only of the trainee, but of the field," Rosenbaum said. "In psychiatry as in all of medicine, we do so well for so many, only to fall short for too many. Thus we must struggle, innovate, plod on, reconsider, study and test. We are on the job and will continue to deliver on that promise."

Peter L. Slavin, MD, MGH president, also addressed the audience and thanked Leadership Council members for their generosity and fundraising, totaling $35 million to date. The impact of that support was shown firsthand by presenters Sharmin Ghaznavi, MD, PhD, and Kelly Irwin, MD, whose respective research projects on rumination – the repetitive focus on oneself and symptoms of distress – and on cancer care for patients with mental illness, were funded by Leadership Council donations.

The day also included five mini-seminars on topics ranging from anxiety and depression to family relations. One of the highlights came at lunchtime, when a panel of speakers participated in a session called "Stories of Recovery." Three patients, paired with their MGH clinicians, shared their stories of recovery from depression, anxiety and substance use.

One patient spoke of her four-year battle with treatment-resistant depression, including an eight-month inpatient hospitalization. Today, her depression is under control.

Her clinician, Timothy Petersen, PhD, of the Department of Psychiatry, described what it meant to him to see her speaking to the audience: "Seeing her smile when I walked in today makes all of the work that I do worth it." ■

READY, SET, CUT: Kids, elected officials and community members mark the opening of the new YouthZone with a ribbon cutting.

MGH Revere opens new YouthZone

ON JUNE 23, Revere Mayor Brian Arrigo joined Joan Quinlan, MGH vice president of Community Health, and Debra Jacobson, administrative director of the MGH Revere HealthCare Center, and other elected officials and community members for a ribbon-cutting ceremony at the new home of the MGH Revere YouthZone, located at 300 Broadway. The afterschool program works with teens and adolescents, some of whom may experience poverty, domestic violence and substance abuse in their homes and neighborhood.

"This facility is dedicated to providing a safe, educational and fun environment for our area youth," says Leslie Heffron, manager of Youth Services. "We are so excited to have a new, fresh space where our kids can develop positive life skills while participating and enjoying activities that lay the foundation for a healthy lifestyle throughout their lives."

—*High school hero*

(Continued from page 1)

"Operations like these are not at all common, but we've developed streamlined, safe and effective techniques for handling them. Now, patients with this type of aneurysm are referred to the MGH from all around the country and sometimes as far away as western Europe."

Cambria performed Kanach's successful surgery last November – just a few days before Thanksgiving.

"I'll be thankful every year at that time for the shared connection that led to my experience at the MGH," says Kanach. ■

Live, love, give blood

THERE IS CURRENTLY a significant shortage of blood products throughout the U.S. As the largest transfuser of blood in the region, the MGH requires large amounts of blood products to maintain a safe and reliable blood supply.

All are invited to visit the MGH Blood Donor Center in Jackson 120 in the coming weeks to make a whole blood, platelet or double red cell donation.

All presenting donors in July will receive a "Live, Love, Give, Repeat" T-shirt and will be entered to win prizes from the Escape to the Cape giveaway. Donors who give through Aug. 4 also will be entered to win two tickets to the Patriots/Saints game on Aug. 11 at Gillette Stadium. A weeklong backpack giveaway for platelet donors also will run from July 25-28.

To make an appointment, email *kegamache@partners.org* or call (617) 726-8171.

Celebrating Patient Safety Stars

AS PART OF THE MGH'S commitment to quality and safety, *Hotline* will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations.

Susan Lozzi, RN, case manager

Lozzi is very much a patient advocate who goes the extra mile to make sure the needs of her patients are met. She manages a caseload of 200 medically complex patients, but makes each patient feel like they are her only priority. Lozzi worked with a patient around advanced directives and the importance of making decisions known to providers and family. The patient completed the 5 Wishes advanced directive form, but Lozzi discovered it had been scanned into the wrong record. She notified the appropriate staff and the situation was rectified.

Javier Mendez-Pena, supervisor in the Histopathology lab

Mendez-Pena's attention to detail uncovered a trend in failed quality control (QC) measures for a group of immunohistochemistry staining kits. He suspected an issue with the reagents and alerted the vendor, who investigated and recalled two specific test kits due to understaining. Within 24 hours Mendez-Pena secured reference lab testing for 300 current cases that needed testing, ensuring patient results would not be significantly affected. He worked diligently to get new test kits, run QC and validate the kits for use on more than 1,100 tests that required re-testing and review.

Leslie Milne, MD, Emergency Department

Milne is a role model for speaking up for safety and a strong patient advocate. After filing safety reports about the risk of unintentional injury of intoxicated patients discharged from the Emergency Department (ED), Milne collaborated with the addiction medicine nurse practitioner to design a program to help improve the safety and security of these patients, both while in the ED and when discharged. The program, a huge success in the ED, has now been incorporated into Partners eCare.

Iman Moawad, RPh, pediatric pharmacist on Ellison 17 and 18

Moawad has been involved in a quality improvement project focused on improving ordering of ampicillin-sulbactam (Unasyn) and piperacillin-tazobactam (Zosyn) as well as improving Vancomycin-dosing practices on Ellison 17 and 18 and in the PICU. She is an integral part of daily rounds, educating the team about relevant medication side effects or interactions, raising any medication safety concerns and researching evidence-based answers to questions. With a mind toward preventing errors, she is available throughout the day to providers if they have questions about ordering an unfamiliar medication. She works with chief residents to develop strategies to better educate residents about common mistakes to avoid.

Jaime Mulligan, night shift operations associate on White 9

Mulligan performs her job with a recognizable awareness that each task is ultimately connected to the well being of a patient. She also is a skilled collaborator with a knack for process improvement. She recently created a standardized checklist for nurses to use with operations associates when they contact police and security.

Firdosh Pathan, RPh, MGH pharmacist

Pathan is known hospitalwide as a safety star. Firdosh has been someone who embraced the idea of reporting near misses long ago, and he has averaged 70 safety reports per year, accounting for countless changes to prescribing practices and improvements to internal health care information systems – most notably through his recent work on the NEPHROS program on POE. As a covering floor pharmacist, he frequently intervenes on questionable orders.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

AN INSTRUMENTAL SCAN:
The 1720s chitarra in the CT scanner

A band of experts

MUCH LIKE the melding of music, a band of talented guitar experts, museum curators and doctors came together at the MGH last month to examine a rare, 18th century guitar.

The "chitarra battente" – a metal stringed instrument dating back to 1720s Italy – had until recently been on display at Boston's Isabella Stewart Gardner Museum. Conservators there had long hoped to repair some of the injuries to the artifact, but first needed to know more about the inside of the guitar.

"That's where our hospital came in," says Rajiv Gupta, MD, PhD, director of the MGH's Ultra-High Resolution Volume CT Lab. "We certainly didn't have a problem keeping the patient still." It did, however, take museum and MGH staff piles of towels, white gloves and kid-glove handling to place the fragile item inside a CT scanner safely.

In a matter of minutes, 1,600 images of the guitar's interior yielded some surprising findings. "We noticed an odd post inside the instrument. We also detected some ridges that looked like they could have been labels," says Gupta. That information, along with additional pictures of the labeling taken from an endoscopy, will guide the museum in how best to heal the guitar.

"The generosity of the MGH will clearly benefit museum-goers once the chitarra is back on display," says Holly Salmon, Gardner Museum conservator. "These images allow us to not only fix pieces of the guitar, but also to offer our visitors a clearer picture of this time period in music." ■

O'Neil Britton, MD, named chief medical officer

BRITTON

O'NEIL BRITTON, MD, chief health information officer at Partners HealthCare and executive director of Partners eCare, has been named chief medical officer and senior vice president of the MGH effective Sept. 15. Britton succeeds Britain Nicholson, MD, who was named senior vice president of Development last month following nearly 20 years as CMO.

"I'm delighted to be joining the MGH in this new role," Britton says. "Having worked with so many talented, hardworking individuals at this institution over the years, I've seen firsthand the kind of spirit and camaraderie that drives its culture and I'm excited to be a part of it."

Britton has spent the past four years overseeing the implementation and launch of Partners eCare, the integrated, electronic health information system. He previously served in a number of leadership roles including chief medical officer and vice president of Professional Services and associate chief of medicine at Faulkner Hospital as well as associate director of the Office of Minority Career Development and professional standard officer at Brigham and Women's Hospital. Board-certified in internal medicine, Britton has served as a hospitalist at both institutions for more than 15 years.

Britton moved to Brooklyn, New York, from Jamaica when he was 16 years old. He graduated from City College of New York and received his medical degree from the University of Medicine and Dentistry of New Jersey. He completed his residency in Internal Medicine at BWH in 2000 and then joined its staff.

"O'Neil has proven himself time and again to be thoughtful, open-minded and fair, with a commitment to deliver exceptional care to patients and families," says Peter L. Slavin, MD, MGH president. "I know I speak for the entire MGH community in welcoming him to this important leadership role."

Patients reunite with MedFlight teams who saved their lives

IN NOVEMBER 2006, Julie Bartlett was involved in a crash in which her SUV rolled over. Though she was wearing her seatbelt she became pinned under the car. She was badly injured and lost a significant amount of blood, making it nearly impossible for emergency crews at the scene to obtain her blood pressure. A Boston MedFlight team arrived, gave her IVs to support her blood pressure and secured her airway so she could breathe. She then was flown from the scene in Acton to the MGH, where surgeons were able to save her left arm, but had to amputate her right arm.

On June 12, Julie and 230 other MedFlight patients reunited with the transport crews that helped to save their lives at the annual MedFlight Patient Reunion at Hanscom Field, MedFlight's home base. "Each year we hold a patient reunion for patients to come back and meet their caregivers, see the vehicles they were transported in and have a fun afternoon with us," says Charles Blathras, EMT-P, FP-C, chief operations manager of Boston MedFlight. "It is a great way for patients to have closure for what was for many a difficult time in their lives. It is also great for our crew to see how well their patients have done."

FAMILY ON THE FIELD: Today Bartlett is doing well and is raising two children, Bridget and Brexton, with her husband Jon.

Using film to educate and inspire

IN 2012, KATIE BRANDT, a community resource specialist in the Neurology Department at the MGH, lost her husband to frontotemperal dementia (FTD). This gradually progressive fatal brain disease is very rare, and affects a person's core self and relationships. There isn't a cure for FTD, and it is treated with supportive care. Katie's husband, Mike, was diagnosed at age 29, and died when he was 33. After he passed away, Katie began to brainstorm ideas of ways to help others.

FAMILY TIES: From left: Mike, Katie, and their son Noah in celebration of his third birthday. He is now 8 years old.

"I started thinking about it," says Katie. "How could I educate people in my community and the medical community about this disease?"

Mike was misdiagnosed eight times before Katie brought him to Boston. None of those clinicians ever considered FTD.

"One of the big challenges with FTD is that it's rare and most people, including doctors, haven't heard of it or seen a patient with it," says Brad Dickerson, MD, director of the Frontotemporal Disorders Unit and Laboratory of Neuroimaging at the MGH, who was Mike's physician. "Every effort that we can take advantage to raise awareness of what FTD is and to give doctors a clear story from a patient and family of what it looks like and what people are like when they have it, might decrease the delay in diagnosis."

After Mike died, Katie's advocacy mission took off with presentations at the State House and Capitol Hill, MGH Grand Rounds, Neurology Rounds at Brigham and Women's Hospital and Beth Israel Deaconess Medical Center, college classes for nurses and social workers and health schools at Brandeis, Boston University (BU) and Saint Anselm College in New Hampshire, .

In 2015, Katie decided to further her efforts. With the help of four students from BU's School of Communications, she produced a five-minute video sharing her and Mike's story and submitted it to the American Academy of Neurology's (AAN) Neuro Film Festival. Out of 66 entries, Katie's film, "Love Is Out There," received a runner-up prize, which includes a permanent position on the AAN YouTube Channel.

"I was hoping if another caregiver like me watched our video, maybe they would think they could volunteer to run a support group or help in their community," says Katie. "Even though it's an incurable disease today, there are things that anybody can do to help. I wanted to inspire people to act."

Currently, Katie uses her own experiences as a caregiver to support families of MGH patients who are going through the same thing she did.

"My personal experience as a caregiver for my husband with FTD helps me make strong connections with the families that I work with at the MGH," Katie says. "I think that sharing my story with the families we care for allows them a safe space to share emotions, voice fears and ask questions knowing that I understand what it is like to be where they are." ■

Financial planning workshops

JULY 22 MARKED the first of three in a series of summer financial education and planning workshops, hosted by MGH Human Resources and Fidelity Investments.

Topics throughout the sessions include "Building a Portfolio," "Saving for College" and "Retirement Income Planning." The workshops provide in-depth information on topics such as managing debt and budget, budgeting worksheets, overcoming excuses and moving forward with workplace savings.

"This is a great opportunity to learn about different aspects of financial planning," says Dee Dee Chen, manager of Professional Staff Benefits. "With other employers, you'd have to pay for these types of courses. Fortunately, we're able to offer them free of charge to MGHers."

Future hour-long sessions will take place Aug. 5 at noon, 2 pm and 5 pm, and Sept. 8 at noon, 2 pm and 5 pm. All staff are invited to attend.

To sign up, visit *www.fidelity.com/reserve*. Choose: Available workshops. Fill out your contact information (work or personal), work location: Massachusetts, Employer: Partners HealthCare System, Preferred Event Location: Massachusetts General Hospital Main Institution.

MGH and Mass Life Sciences Center join forces to battle Alzheimer's

THE MGH AND THE MASSACHUSETTS LIFE SCIENCES CENTER – along with five leading biopharmaceutical companies – celebrated the launch of the Massachusetts Center for Alzheimer Therapeutics Science on July 14 at the Paul S. Russell, MD Museum of Medical History and Innovation. The center is a unique collaboration among world-class industry and academic researchers aiming to find therapies to treat Alzheimer's disease. The new center will be located at the MGH, and the industry partners – including AbbVie, Biogen, Janssen Pharmaceuticals, Inc., Merck and Sunovion – have committed a total of $1.25 million in funding.

Pictured above, from left, Mike Kennealy, assistant secretary for Business Growth for the Commonwealth of Massachusetts; Brenda Bouchard, Alzheimer's advocate and wife of MGH Alzheimer's patient; Jay Ash, secretary of Housing and Economic Development for the Commonwealth of Massachusetts; Brad Hyman, MD, director of the Massachusetts Alzheimer's Disease Research Center at the MGH; Peter L. Slavin, MD, MGH president; Beth Nicklas, general counsel and vice president for Academic and Workforce Programs at Mass Life Sciences Center; and Travis McCready, president and CEO of Mass Life Sciences Center. ■

Annual Camp Day lets 'kids be kids'

IT WAS A HOME RUN for pediatric patients and their families who attended the Hole in the Wall Gang Camp Hospital Outreach Program's (HOP) annual Camp Day summer celebration on July 14 at the MassGeneral Hospital for Children Cancer Center. An organization dedicated to providing "a different kind of healing" to seriously ill children and their families, HOP was joined by the Museum of Science's STEAM Team for the third year in a row at this special event.

"It's an amazing time and really brings the spirit of camp and exploration to the hospital, allowing us to take an ordinary day and make it extraordinary," said Caroline Armington, MS, child life specialist at MGHfC.

This event transformed Yawkey 8B by providing summer camp and baseball-inspired activities and learning opportunities including spin art, archery, bag toss and playdough circuit building. "Camp Day means something special to the children as well as their caregivers," says Howard Weinstein, MD, chief of Pediatric Hematology/Oncology. "It's a really cool event, a great distraction from the hospital environment and essentially lets kids be kids." ■

What people are saying

ALONG WITH SHARING NEWS, events and information about the hospital, the MGH Twitter and Facebook accounts help keep our patients, staff and community connected. Here are a few things people have said recently on Facebook.

Eileen B: Saved my husband's life. Best staff, nurses and doctors on the planet.

Ellen A: Has been my favorite hospital since my daughter had very serious issues followed by open heart surgery when she was 8-9 years old – the best.

Sandra B: Saved my eyesight when I was a kid!

Anita B: I am on their heart transplant list. They have been amazing to me and my family.

Antoinette B: I was there in December for surgery. What a great place. Great surgeon and great care. Outstanding. Every nurse I had was the best.

Doreen D: Can't beat their transplant team!

Debbie F: Saved both of my parents within seven weeks of each other.

Christina D: The knowledge that this place has is second to none in health care. I'm blessed we have such fabulous hospitals within our reach.

Julie M: I love the MGH. My doctors there are in my opinion the best in the world. A big shout out to how kind and brilliant they have been with me!

Richard J: I suffered for five years and went through several rheumatologists. Then I went to MGH and a rheumatologist, six years out of medical school, has me on the road to recovery.

Carol T: Excellent facility. Their technology is number one! Doctors' expertise and class in making you feel like you're their only patient is remarkable! I would highly recommend this hospital to all. Thank you Dr. Smith and Dr. McDonald for taking excellent care of my daughter.

Ashley S: I love you MGH! My 2-year-old daughter would not be here today if it was not for you.

John R: Two thumbs up ... best place on earth as far as a hospital is concerned.

Rick O: Gave me my life back four years ago. I can NEVER thank them enough.

To follow the MGH on Twitter, visit *http://twitter.com/massgeneralnews*. To "like" the MGH on Facebook, visit *www.facebook.com/massgeneral*.

For the love of the game

SCORING BIG: For the 13th year, the MGH, Spaulding and the New England Revolution were proud to host an annual youth with disabilities soccer clinic. More than 90 youth were welcomed to the Empower Field House this month to train on the same practice field as their heroes from the Revolution and Patriots. Revolution players Juan Agudelo, Darrius Barnes, Scott Caldwell, Brad Knighton, Steve Neumann and Matt Turner, and coaches from the Revolution and Revolution Academy were on hand to run drills and teach skills to the children to improve their enjoyment of the game.

Taking the field at Fenway

BATTING PRACTICE: Reynaldo Arias, of Materials Management, left, and Lisa Holland, of MGPO Administration, had the once-in-a-lifetime opportunity to take batting practice at Fenway Park on July 22. Holland and Arias were picked from more than 1,200 employees who entered a drawing to win the day at Fenway Park. In addition to batting practice, the Red Sox offered a tour of the ballpark and a buffet luncheon for Holland, Arias and their guests.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A DREAM REALIZED: Beqo with Pathan

Fostering the future

WHEN CHELSEA HIGH SCHOOL senior Anelsa Beqo participated in MGH's annual Job Shadow Day in 2010, the now 23-year-old never thought the afternoon would shape her future.

Beqo, who excelled in math and science, knew she wanted to enter the health care field, but her area of focus was uncertain until she met Firdosh Pathan, RPh, of MGH Pharmacy. As she accompanied Pathan on rounds, watching as he approved orders and interacted with patients, she realized the impact he was making was one she wanted to mirror in her life's work.

Two years later, as a student in the Massachusetts College of Pharmacy and Health Sciences, Beqo shared her experience during a clinical rotation at a Journal Club presentation with a beaming Pathan in the audience. "It was refreshing and inspiring to see how long Firdosh has been at the MGH and how much he loves his role. I knew I could too," says Beqo.

Pathan has given high school students behind-the-scenes look at the impact pharmacists have on patient care for the last 29 years as part of Job Shadow Day, sponsored by the MGH Center for Community Health Improvement in partnership with the Boston Private Industry Council. "I get emails and thank you notes from my students and always keep them," he says. "It's so rewarding to help foster a young person's hopes and dreams."

(Continued on page 4)

Firm footing

A FEW DAYS AFTER the Fourth of July, 70-year-old Jeff Maynard of New Hampshire climbed the steps of the Bunker Hill Monument in Charlestown to celebrate a personal independence day. Just weeks before, he had a heart transplant at the MGH.

Tackling an uphill challenge is nothing new for Maynard, says MGH cardiac surgeon David D'Alessandro, MD. Before his transplant earlier this summer, Maynard managed to complete a feat some outdoor enthusiasts work toward their whole lives – hiking all 48 of New Hampshire's 4,000-foot peaks.

"Jeff is an inspiration to me," says former MGH cardiac surgeon Joshua Baker, MD. "After a devastating heart attack five years ago, we implanted a left ventricular assist device (LVAD) to help his heart in pumping blood to the rest of his body."

Still, Maynard says doctors cautioned him it was only a temporary fix, describing the LVAD as a "bridge to transplant."

"I viewed it as a way to remain as healthy as possible while waiting for a heart," says Maynard.

(Continued on page 3)

A HEARTY JOURNEY: Maynard [illegible] ascending the final 4,000-footer before receiving a heart transplant

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

Genetic markers for depression identified for first time

Despite strong evidence that major depressive disorder (MDD) is an inherited disease, previous studies have not been able to identify genetic risk factors among individuals of European descent. However, thanks to a partnership between researchers and a direct-to-consumer genetics company, researchers have now identified 15 genetic markers for depression.

A team including investigators from the MGH used self-reported data from 75,607 individuals reporting a clinical diagnosis of depression and 231,747 individuals reporting no history of depression. The data was provided through the commercial genetic testing company 23andMe, whose customers consented to have their genetic information and medical histories used for research purposes.

With access to such a large cross-section of genetic and patient information, the research team was able to identify 15 regions of the genome that indicate a disposition for depression. These insights may make it possible to develop more effective drugs that target depression on the genetic level as opposed to traditional treatments that seek to regulate neurotransmitters such as serotonin and dopamine.

"More generally, finding genes associated with depression should help make clear that this is a brain disease, which we hope will decrease the stigma still associated with these kinds of illnesses," says Roy Perlis, MD, MSc, co-corresponding author of the report.

Meat-based proteins increase death rates for individuals with unhealthy lifestyles

It's not just how much protein you eat, but where you get that protein from – especially if you have unhealthy lifestyle habits. That's the conclusion of a recent MGH and Harvard T.H. Chan School of Public Health research study examining the health effects of consuming animal- and plant-based proteins.

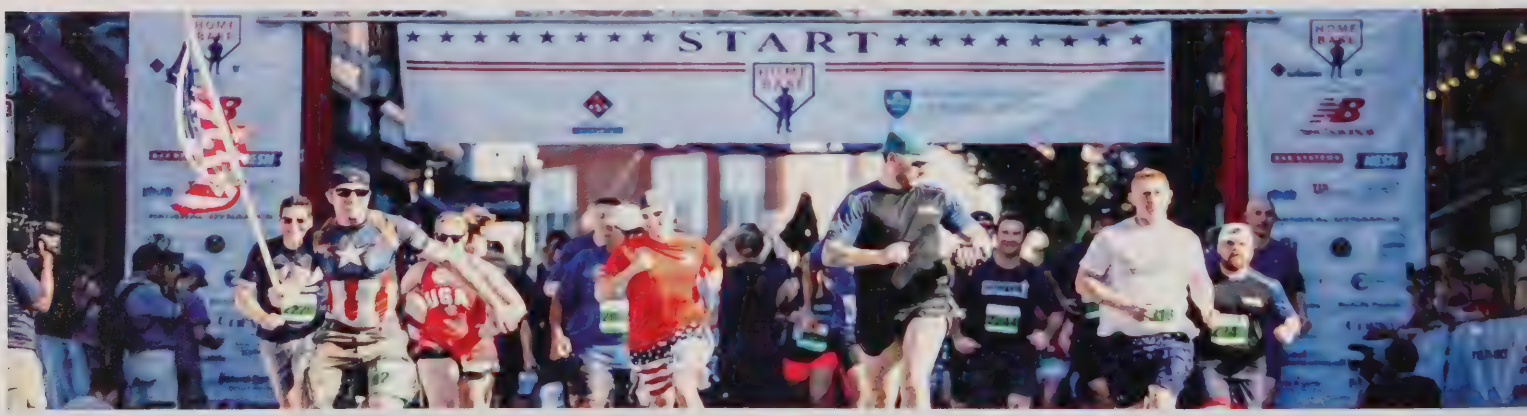
The study found that a high intake of proteins from animal sources – particularly processed and unprocessed red meats – was associated with a higher death rate, while a high intake of protein from plant sources led to a lower risk of death. A closer look showed that the connection between animal proteins and a higher death rate only applied to participants with at least one unhealthy lifestyle factor – such as obesity, being underweight, smoking, heavy drinking or being inactive. Furthermore, consuming meat-based proteins such as chicken or fish did not have the same negative effects as proteins from red meats.

"Our findings have public health implications and can help refine current dietary recommendations about protein intake, in light of the fact that it is not only the amount of protein but the specific food source that is critical for long-term health," said Mingyang Song, MD, ScD, corresponding author of the report.

Lower weight late in life may increase risk of Alzheimer's disease

Researchers at the MGH and Brigham and Women's Hospital have found an association between lower weights and higher levels of an Alzheimer's disease-associated protein in the brains of older individuals. The association was particularly strong in individuals who have a gene variant that is known to increase the risk of Alzheimer's.

"Finding this association with a strong marker of Alzheimer's disease risk reinforces the idea that being underweight as you get older may not be a good thing when it comes to your brain health," said Gad Marshall, MD, of the MGH and BWH Departments of Neurology, senior author of the report. ■



A Fenway finish

MORE THAN 2,000 runners and walkers – including more than 300 active duty military members – pounded the pavement at the seventh annual Run to Home Base presented by New Balance at Fenway Park on July 23.

The 9K run and 2.5-mile walk raised $1.7 million for Home Base, a Red Sox Foundation and MGH Program, which helps post-9/11 veterans, service members and their families heal from the invisible wounds of war. Participants ran through the streets of Boston before heading to the finish line at Fenway Park. At the start of the event, they heard a personal story from Purple Heart recipient retired Sgt. Kurt Power, who sought care at Home Base after he returned from Iraq. He and his wife Jessica also received couples counseling at the outpatient clinic.

"Through treatment, I have learned patience, how to problem solve, I have overcome my guilt and I have learned to communicate better – especially with my wife,'" said Power. "Thanks to Home Base, I not only feel the best I've felt since the war but the best I've felt in my entire life."

While the runners hit the streets, family activities were set up in Fenway Park for the spectators. A military appreciation area offered those in attendance a chance to create care packages and draft thank you notes to service members, and attendees also were invited to take photos with World Series trophies, attend a meet and greet with Red Sox legends and enjoy a family fun zone.

"Since the Red Sox Foundation and the MGH established this program in 2009, the outpouring of support we have received has been heartwarming," said Peter L. Slavin, MD, MGH president.

MGH again named a top hospital by U.S. News & World Report

THE MGH HAS BEEN NAMED a top hospital in the nation in *U.S. News & World Report's* Best Hospitals 2016-2017. Of the nearly 5,000 hospitals evaluated, the MGH has consistently placed among the top hospitals on the Honor Roll since the survey began in 1990. This year, the MGH is ranked #3 in the United States and the only hospital ranked in all 16 specialties.

Each year *U.S. News* adjusts its methodology, but this year introduced significant changes. The major change in this year's Honor Roll process is that more points have been awarded to those hospitals at the very top of the specific specialties, while previously, all hospitals in the top 10 for most of the specialties received the same number of points. The revised methodology also gives more weight to the 12 specialty rankings that are driven by data than to the four specialties driven by reputation alone.

A detailed list of the rankings, including the methodology used by *U.S. News & World Report*, is available at *www.usnews.com/besthospitals*. ■

This story originally ran in the Hotline online edition on Aug. 3

The MGH's rankings in all 16 specialty areas are:

Cancer	11
Cardiology and Heart Surgery	4
Diabetes and Endocrinology	2
Ear, Nose and Throat (with Massachusetts Eye and Ear Infirmary)	1
Gastroenterology and GI Surgery	4
Geriatrics	6
Gynecology	5
Nephrology	6
Neurology and Neurosurgery	4
Ophthalmology (with Massachusetts Eye and Ear Infirmary)	4
Orthopedics	8
Psychiatry	1
Pulmonology	4
Rehabilitation (with Spaulding Rehabilitation Hospital)	5
Rheumatology	7
Urology	26

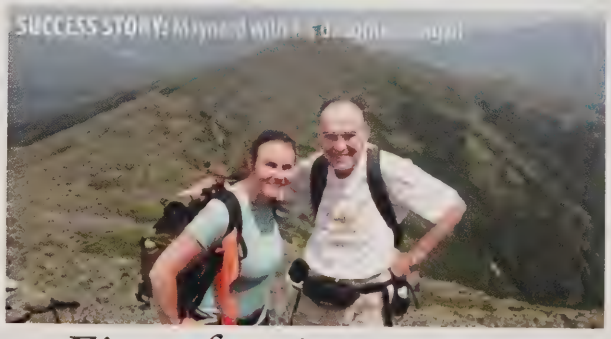
Celebrating Latino heritage at Fenway

FENWAY PARK OPENED ITS GATES to welcome thousands of people June 26 for the 10th annual El Mundo Latino Family Festival, one of the largest Hispanic events in New England. Families and guests of all ages celebrated Latino heritage and enjoyed a day of games, interactive sports demonstrations, music, raffles and other activities from the more than 50 exhibitors there.

The MGH's Committee for Latino Initiatives (CLI) hosted five tables at the event to educate the public on health issues that affect the Latino community.

"This is my second year participating in El Mundo's Latino Family Festival, and I have to say it is one of the most rewarding events in which CLI is involved," says Jorge Villanueva, Linen Services supervisor and CLI member. "Not only is it fascinating to see the CLI group, various departments throughout the hospital and volunteers come together for the community surrounding MGH, but it's wonderful to see the appreciation and gratitude in the faces of those attending the festival. It shows we are one community and that the MGH is a part of it."

The CLI was formed in 2010 with a mission to enhance the education, lifestyle, visibility and professional success of all the MGH's Latino patients, families, visitors and the Latino community, while preserving and sharing cultural values that distinguish their heritage. In addition to the Latino Family Festival, the group organizes Latino Heritage Month educational events, Be Fit for Latinos and other events supporting the MGH and surrounding community.



—*Firm footing*

(Continued from page 1)

The former operations manager of the Wildcat Mountain Ski Area started off with familiar trails in his backyard of Jackson, New Hampshire and ultimately moved on to higher summits.

"I'd love to use my experience to speak with other people about life with an LVAD," says Maynard. "It is possible to stay active."

In late May, Maynard put hiking on hold for a few weeks. He underwent the successful transplant surgery and within four days he was up and walking.

"When you see a patient as motivated as Jeff, it really makes both the physical and emotional recovery from transplant that much easier," says D'Alessandro.

Those early weeks of recovery involved strolls around the hospital corridors and then a short stay in nearby Back Bay. Never content to stay on flat land, Maynard says he called his daughter to join him for the July 8 climb in Charlestown.

On cell phone video, Abigail Maynard recorded her father peering out one of the monument's windows, pausing to thank his care team and pointing to the MGH in the distance.

See Maynard's video online at *massgeneral.org/news*. ■

Safety first

THREE DISTINGUISHED MGH Patient Safety Champions were honored with the inaugural Cyrus C. Hopkins Leadership in Patient Safety Award on July 15 at a luncheon celebration in the Trustees Room. The award honors Hopkins, who is regarded as a tireless advocate and leader in patient safety who retired in 2014 after 50 years at the MGH.

The Edward Lawrence Center for Quality and Safety bestows the award to staff who demonstrate an outstanding commitment to enhancing patient safety.

From left, Hopkins; Robin Lipkis-Orlando, RN, MS, NE-BC, director of the Office of Patient Advocacy; Isaac Schiff, MD, chief emeritus of the MGH Vincent Obstetrics and Gynecology Department; May Pian-Smith, MD, of Anesthesia, Critical Care and Pain Medicine; Elizabeth Mort, MD, senior vice president of Quality and Safety and chief quality and safety officer.

—*Fostering the future*

(Continued from page 1)

Beqo is now completing her last year of school and is currently rotating through the MGH Cardiology Division. With more than 10,000 prescription drugs and 150,000 over-the-counter medications to learn, plus developing research to master, she's looking forward to completing the challenging program. Following in Pathan's footsteps, Beqo plans to return to Chelsea High School to pay forward her mentor's impact. "It's so important to know someone believes in you," says Beqo, "particularly for those in areas like Chelsea where there can be limited opportunities and a complicated path to success."

Pathan credits Beqo's determination and work ethic for her accomplishments in the accelerated course. "I'm like a proud dad. We are so blessed. It's our responsibility to give back, guide and encourage the next generation."

He continues to do just that, as he will be a preceptor to two more Youth Scholar students this month. ■

Celebrating Patient Safety Stars

AS PART OF THE MGH'S commitment to quality and safety, *Hotline* will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations.

Heidi Nichols-Baldacci, RN, Neonatal Intensive Care Unit

Nichols-Baladacci exudes the characteristics of a Patient Safety Star and is dedicated to identifying vulnerabilities in the system and sharing them with staff. After discovering that additives in the fluids may not be matched in the electronic medical record – which would make it possible to scan the bag despite the wrong additives – she sent an alert to staff, filed a safety report and worked with Pharmacy to fix the issue.

Diane Pham, RPh, dispensing pharmacist in the Clinical Trials Pharmacy

Pham's meticulous attention to detail has been invaluable in identifying risks to patient safety. Pham has identified subjects enrolled in simultaneous studies on multiple occasions, which can potentially produce erroneous data. She also recognized when an interactive voice response system led to an incorrect dosage, leading to a revision in process by the study sponsor.

Maria Polito, Chelsea HealthCare Center laboratory supervisor

Polito is dedicated to ensuring that patient lab results are accurate and uncompromised. She monitors protocol and develops alternative methods for the accurate checking of patient identifiers for specimens received, tested and resulted in the lab. Polito speaks to each lab employee involved with errors caught and explains what was missed. Together they develop new ways to prevent mislabeling errors in the future.

Carolyn Polizzano, pathologist's assistant in the Surgical Pathology lab

A specimen was delivered from the Operating Room to the frozen section laboratory with a piece of tumor already removed for research. In this case, accurate tumor measurements cannot be taken and margins cannot be completely assessed, which creates difficulty in grading the tumor and formulating an appropriate treatment plan. Polizzano proactively spoke up for patient safety and assisted with creating and implementing a protocol for tumor specimens to be obtained for research after intact tissue is first processed by pathology. Her confidence to take action facilitated the proper and accurate evaluation of specimens and the safe care for patients.

Carla Polonsky, Interpreter Services Department

Polonsky was sent to the Operating Room (OR) to interpret for a patient and complete consent forms for the upcoming procedure. After the consent portion was finished, the anesthesiologist asked the patient if he had any further questions. The Spanish-speaking patient asked, "Why am I being operated on?" This prompted the OR staff to have the surgeon come to the bedside and tell the patient, "We are going to do a resection." The patient clearly did not understand what this meant, prompting Polonsky to ask the surgeon to clarify what resection meant, "Do you mean you're going to 'cut' his colon?" The surgeon replied, "Yes." After the discussion, the patient had a better understanding of what was going to happen and what to expect following the operation and agreed to proceed with the surgery.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Encountering ether

WHEN A GROUP of four high school sophomores from Mystic Valley Regional Charter School in Malden began research for their school history project, they aspired to the goal of making it all the way to the National History Day Contest. And that is exactly what they did.

In June, Karen Mortimer, Lauren Maher, Tina Nguyen and Rebecca Webb, all 16, joined nearly 3,000 other students from around the world for the contest at the University of Maryland. This year's National History Day theme was "Exploration, Encounter and Exchange in History." Their project, "Encountering Ether: Exploration and Exchange of Inhaled Anesthetics," focuses on the first uses of ether as a surgical anesthetic, the controversy surrounding the first time it was used and its lasting effects throughout history.

A GOAL ATTAINED: From left, Maher, Mortimer, Nguyen and Webb with their project, a foot-tall tri-fold display board, complete with a model replica of an original ether inhaler and a silent film from the Russell Museum.

"Nationals was always the goal from the very beginning, so getting there was amazing," says Mortimer, who also volunteered at the MGH this summer as a patient escort. "Our history teacher, Mrs. Utz, was really encouraging and helpful. Sticking with it for such a long period of time was difficult, especially toward the end, but we worked well as a group and focused on our goal."

Research for the project began in August 2015 and brought the girls to the MGH, where they visited the Paul S. Russell, MD Museum of Medical History and Innovation and the Ether Dome, the site of the first successful public surgery using ether as an anesthetic. They also dug into the hospital archives with help from Jeff Mifflin, archives curator. During the year – after presenting at their high school and being selected to advance – the group placed first in both the district level, out of 25 displays, and once again at the state competition, earning them a spot at Nationals. The judges remarked on their "wide research and excellent use of primary sources."

"The controversy was the most interesting to learn," says Mortimer. Though the first public demonstration of ether was performed at the MGH, others also claim they were the first to use the anesthetic. "We also learned so much about how to do research and how to do unbiased research. The research was actually the most fun for me."

Though the girls didn't place first in the Nationals, they agree it was still an opportunity of a lifetime to compete against thousands of other students from around the world. "This project showed me my daughter in a new light as a scholar now," says Lisa Mortimer, Karen's mom and clinical social worker at the MGH. "To see her and the girls doing all the research and to see the fruits of their labor, I never doubted they would make it to Nationals. I am so proud she set a goal and worked so hard to achieve it."

The Russell Museum is free and open to staff and the public. ■

MGH patient pursues Paralympic gold in Rio

A YOUNG SAILOR from Maine will compete with his team for a gold medal in the Paralympic sailing events in Rio de Janeiro.

Hugh Freund, 28, who lost his lower leg to cancer as a teenager, will race for the U.S. Sailing Team along with two other disabled athletes as part of a team in the Three-Person Keelboat (Sonar) event, which begins Sept. 12 and concludes on Sept. 17 with the medal race.

Freund's doctors at the MGH Cancer Center removed his

(Continued on page 4)

SAILING FREE: Freund, Kendell and Doerr train to compete in the three-person keelboat competition in the Paralympic Games in Rio.

MGH recognizes recovery month

IN HEALTH CARE, "recovery" has many meanings – it can be a process of moving toward better health, a period of recuperation or a rediscovering of purpose after a devastating loss. For those who struggle with substance use disorders (SUD), recovery can also be an evolution from the spiritual, physical, emotional and psychosocial effects of addictive illnesses.

In September, in recognition of National Recovery Month, the MGH will join the federal Substance Abuse and Mental Health Service Administration in their annual efforts to increase awareness and understanding of mental illness and substance use disorders and to celebrate those in recovery. The 2016 theme – "Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!" – highlights the importance of families, communities and caregivers encouraging others to make a personal connection with the recovery movement.

"This Recovery Month, we will pause to highlight the MGH's commitment to addressing substance use disorders through innovative collaborations and treatment approaches," says Dawn Williamson, RN, MSN, advanced practice nurse for addictions consultation in the MGH Emergency Department. "By expanding treatment options and advancing addiction management, the MGH is at the forefront of saving the lives of vulnerable patients across the continuum of care."

As part of its efforts, the hospital has developed a multifaceted clinical initiative, comprised of an inpatient consult service, "bridge" clinic for follow-up care, recovery coaches and enhanced SUD care in health centers and primary care practices. "We are working to shift the perception of addiction as a moral failing to one of understanding that a substance use disorder is a complex illness often rooted in trauma and stress," Chris Shaw, NP, lead of the Addictions Consult Service says. "Equally as important as improving treatment, however, are efforts to understand and prevent substance use behaviors from developing."

Prevention is the focus of the MGH's community-based coalitions, led by the MGH Center for Community Health Improvement, who work together to change norms, attitudes and policies that enable teen drug use and put active users at further risk. Shaw says these groups work to provide a safe and supportive environment by advocating for change in police, school and court policies and practices, community attitudes and norms.

For more information about Recovery Month, visit *www.massgeneral.org/recovery-month.*

Bridge Clinic shepherds patients toward long term recovery

FOR PATIENTS LIKE 35-year-old Latoya Reddick, the MGH's Bridge Clinic – a short-term outpatient program that helps patients diagnosed with substance use disorders connect with community resources – is a lifeline to recovery from addiction.

"The Bridge Clinic helped me with everything," says Reddick, a U.S. Army veteran from Cambridge, Massachusetts, who was first admitted to the MGH with a severely infected abscess caused by intravenous drug use. "People here are not just looking at you like you're an addict. They know it is a sickness. It is a struggle."

As part of the MGH's Substance Use Disorders Initiative, the clinic was introduced in response to a community health assessment conducted in Charlestown, Chelsea and Revere. Substance use was named the No. 1 health issue for the three communities where the MGH has satellite health centers.

DEDICATED TO RECOVERY: Members of the Bridge Clinic sta

In response, the hospital launched a $3.5 million initiative to develop a new approach to the prevention and treatment of substance use disorders, including opioid use disorders. Transition into community programs was also identified as a vital tool in helping patients maintain their recovery over the long term.

"The Bridge Clinic is an immediate connection between a patient's hospital stay and their reentry into the community," says Laura Kehoe, MD, clinic medical director. "We try to really work with people to understand where they are in terms of their readiness to engage in recovery from addiction and what kind of care they think they need in the community."

Psychologist Martha Kane, PhD, the initiative's clinical director, says the Bridge Clinic is filling a large gap for patients with substance use disorders. Those leaving the hospital after detoxification or other treatment, like Reddick, need immediate access to a recovery program and medications to maintain sobriety. Often, however, it can be days or weeks before patients can get access to such care. That is where the Bridge Clinic plays a crucial role.

Since its inception in late 2015, the clinic has worked with more than 125 patients supported by six physicians, social workers, pharmacists, recovery coaches and resource specialists.

"For someone like Latoya, the Bridge Clinic helps with her transition out of the hospital," Kehoe says. "By meeting her where she is in terms of her understanding of her disorder, acknowledging her competing life priorities and knowing that acceptance of care can take time, we work with her to help her move along toward recovery."

Reddick now is attending the MGH's West End Clinic for ongoing addiction treatment and counseling and has located a residential program. ■

Opioid guidelines: MGH responds

IN EARLY JULY, the MGH/MGPO Opioid Task Force launched a set of new guidelines for the safe and effective prescribing of opioids in the settings of acute and chronic pain. These guidelines were created to comply with new state requirements and as a way for the MGH to continue to address the opioid epidemic. Now in place for nearly two months, MGH clinicians share their thoughts on the guidelines and the future of substance use disorder care.

FOR ALL OUR PATIENTS, we utilize non-narcotic alternatives for pain first, appropriately limit the number of pills prescribed when narcotics are necessary and after prescribing, ask and educate about and actively encourage disposal of unused pain medications.
— Jeffrey Ecker, MD, chief, Department of Obstetrics & Gynecology

FOR ORTHOPEDIC SURGEONS, these guidelines are especially crucial. Balancing patient comfort with narcotic use risks in the setting of acute and chronic injury or surgery is a constant struggle, and having a policy in place that helps guide decision-making will benefit both doctors and patients tremendously. We anticipate that this current policy and future policies will inform and protect patients, limit overprescribing and reduce the amount of unused narcotics in the community.
— A. Holly Johnson, MD, foot and ankle surgeon in the MGH Department of Orthopædic Surgery

EACH DAY, we see patients with opiate use disorders. It's our job to prevent further misuse by not prescribing more narcotics. These new guidelines give us a framework for how to avoid doing so without just saying "no, we can't help you." Instead, we're giving patients resources and working with them to help find appropriate treatment. For those not ready to stop, we provide nasal naloxone to help treat future overdoses. We teach patients – and their friends and family – how to use the medication and we have already seen it save lives.
— Ali S. Raja, MD, vice chair of the Department of Emergency Medicine

THE NEW GUIDELINES are vitally important in setting out principles of safe and effective opioid prescribing for primary care doctors. At the MGH health centers, we experience the devastating effects of opioid use disorder first hand and anticipate the new guidelines will help our clinicians work in sync to better monitor our patients on opioid therapy while keeping our communities safer.
— James Morrill, MD, chief of Adult Medicine, MGH Charlestown HealthCare Center

INCORPORATING THESE STANDARDS when counseling patients increases the safe and effective use of opioids, particularly for patients who are receiving the medication for the first time. It's our job to work together with other clinicians to manage patient needs while ensuring safety.
— Karen M. Ryle, RPh, associate chief of Pharmacy

AN ACUTE HOSPITALIZATION is an opportunity to address substance use issues and forge relationships with resources that heighten the likelihood of an addict's success. The new guidelines prompt inpatient providers to check the data bases to determine patient's drug use history, screen patients for abuse risk, and proactively consult the pain service and Addiction Consult Team so that vulnerable patients have a holistic approach to managing pain and addiction post-discharge.
— Patti Fitzgerald, RN, nurse director, Bigelow 11

Recovery Month event highlights

- **Recovery Month Kickoff**
  Sept. 8 at noon, Bulfinch Lawn
  Celebrate the first MGH Recovery Month, featuring MGH President Peter L. Slavin, MD, and Massachusetts Health and Human Services Secretary Marylou Sudders. Designed for clinicians, staff, patients, families, community members and citywide leaders in the field of addiction care, the event will highlight the evolution and innovation in models of care for substance use disorders that make recovery possible and recognize the many voices of recovery beyond the health care system – including lawmakers, law enforcement, patients, families and communities.

- **MOAR and Friends Statewide Recovery Month March and Celebration**
  Sept. 14 at 8 am, meet at the Bulfinch Tent
  This is a statewide walk organized by the Massachusetts Organization for Addiction Recovery (MOAR). All are welcome. MGH participants will meet at 8 am to walk to the Boston Common to meet groups from across the state at 9 am. From there, MOAR will lead the march to Faneuil Hall for a Recovery Month celebration. MGH Recovery Month T-shirts will be available for all MGH participants.

- **"Law Enforcement's Response to the Opioid Epidemic: Creative Solutions to Accessing Care"**
  Sept. 15 at 1:30 pm, O'Keeffe Auditorium
  Opening remarks by Bonnie Michelman, director of MGH Police, Security, and Outside Services; keynote speech by Leonard Campanello, Gloucester Police chief; and a panel discussion with Eugene Doherty, who recently retired as Revere Fire chief, and an MGH patient revived by the local fire department following a heroin overdose.

- **"War Zone: Opioid Use Disorders and Considerations of Treatments in Military Veterans" screening and Q&A**
  Sept. 27 at 12:30 pm, Yawkey 2-210
  This event will feature clips from the MGH Home Base War Zone series, focused on veterans struggling with opioid use disorders, as well as a Q&A session with clinical experts Cally Lilley, NP, and Nalan Ward, MD.

- **"There is Treatment, Treatment Works"**
  Sept. 29 at 1 pm, Blum Center, White Building, First Floor, Room 110,
  Substance use disorders are the top public health problem in the United States and are among the most stigmatized conditions in society. Yet, these are highly treatable conditions from which the majority of people recover. This talk, led by clinicians Frank Dibert, PhD, Toby Lynch, PhD, Estee Sharon, PsyD, all of Addiction Psychiatry, West End Clinic, will describe the numerous effective treatment options for substance use disorders. Patients who have used these treatments to achieve recovery will tell their stories.

— *Sailing for gold in Rio*

(Continued from page 1)

right leg when he was 19 to save him from a sarcoma tumor in his ankle bone. They treated his cancer with drugs that have left him cancer-free for nearly nine years.

"MGH gave my life back to me," says Freund, who was diagnosed as a freshman at Roger Williams University. "The quality of care was very high at Mass General. Everyone in every unit was attentive and eager to participate in the healing process."

In addition to chemotherapy, which stopped the spread of the cancer, Freund's doctors gave him a difficult choice that only he could make, says Edwin Choy, MD, Freund's oncologist and a sarcoma specialist.

The tumor in his ankle had to be surgically removed. Freund had to choose whether to have his leg amputated above the ankle and replaced with a prosthetic leg, or to have only the tumor removed and the leg reconstructed.

A reconstructed leg, Freund learned, would be a weaker leg. He would not be able to run, jump or play sports. After much consideration, he decided to have his lower leg amputated, choosing to replace it with a strong prosthetic leg that would allow him to participate in the sports he loves, like biking, skiing and, ultimately, Paralympic sailing.

"I was struck by the amount of grace he exhibited under pressure," says Choy. He managed his treatments courageously. I would say he was unfazed. He is probably one of the most amazing people you meet in life."

Freund says he has "never once" regretted his decision to amputate. Instead, he has immersed himself in the world of "adaptive sports." He does so not just as a competitor, but as a teacher and trainer for other people with disabilities.

Now training every day on the 23-foot Sonar boat his team will sail in the Paralympic Games, Freund says each member of his team has a role to play.

Rick Doerr is the most severely disabled teammate, with paralyzed legs and lower torso. He is also the most experienced sailor, having competed in the Paralympic Games in 2008. Doerr serves as skipper and moves about the boat by grasping a specially installed transfer bar and sliding on a bench. Brad Kendell, whose two legs were amputated, has a powerful upper body. He is the mainsheet trimmer, controlling the line to the largest sail on the boat, the mainsail.

Freund, having learned to maintain his balance and to avoid tangling his prosthetic leg in the rigging, can move about the boat most freely. He helps balance the boat by shifting from side to side and can duck under the boom when a better view of challenges ahead is needed.

"We work well as a team both on and off the water," he says.

While Paralympic sailing in a world-class competition is an unusual accomplishment for a young man with one leg, Choy says many of his patients display similar positive determination and courage.

"Part of what makes my job especially rewarding is that I see this every day in my patients," Choy says. "Hugh is an extraordinary example."

From left, Freund, Kendell and Doerr

YMCA Teen Achiever visit exposes youth to potential careers

ON AUG. 1, a group of YMCA Summer Teen Achievers visited the MGH as part of a week dedicated to health care. The MGH hosts the group annually, giving the teens the chance to explore potential careers through hands-on experience.

"We look forward to the YMCA Summer Teen Achiever program visit," says Dianne Austin, Workforce Diversity Program manager. "It is vitally important to expose youth to the broad array of health care opportunities as early as possible as they begin to think about their career trajectory. These teens have the potential to be our future doctors, technicians, nurses and leadership staff."

Patrick Smithedajkul, MD, of the Department of Medicine, shows students X-rays of their patient mannequin.

One of the day's highlights was a hands-on simulation lab at the Paul S. Russell, MD Museum for Medical History and Innovation. Participants were exposed to mannequins – each having their own vitals and pulses – used for health care trainings. The teens went through a sample medical checklist to diagnose the "patient's" symptoms.

Other activities during the day-long visit included STEM-focused activities geared toward piquing interest in and raising awareness of careers in science, technology, engineering and math. ■

PARTNERSINEXCELLENCENOMINATIONSNOWOPEN
Each year the Partners in Excellence (PIE) program honors employees for their outstanding contributions to the Partners HealthCare mission. Nominate your colleagues for their excellent work in 2016. Nominations are now open, and must be submitted by Sept. 16. Visit *https://pulse.partners.org/pienominations* to complete a form, or call 617-724-9743 with any questions.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

National Preparedness Month: Are you prepared for emergencies?

WEATHERING THE STORMS: The Bulfinch building covered in snow after the blizzards of 2014-2015

FEB. 5, 1978, was a relatively normal day. The Sunday paper included brief mentions of a storm brewing off the coast of North Carolina, but headlines focused more on a new professional soccer team, the New England Teamen, that would begin playing next season. The weather was chilly, but clear.

The next morning, an enormous winter storm dumped 25 inches of snow in Boston. Winds as powerful as 92 mph whipped the snow into drifts as high as 15 feet and swelled tides from 3 to 20 feet above normal causing major coastal flooding. In all, the storm was responsible for 29 deaths, 10,000 evacuations and $3.2 billion in damage. More recently remembered was the winter of 2014-2015, when Boston was hammered with snowstorms almost weekly for months.

"We never know exactly when an emergency will occur, but one thing we do know is the importance of being prepared," says Paul Biddinger, MD, chief of the Division of Emergency Preparedness

(Continued on page 4)

Students glimpse their future

EVERY MONDAY MORNING last summer, 195 high school students and 19 college students came to work at the MGH and its health centers in labs, administrative offices, patient care floors, nutritional services and everywhere in-between. New this year, 13 students took part in a nursing pilot program allowing them to shadow and work on patient care units to see what nursing is really all about.

These students were part of the MGH Summer Jobs program, which celebrated its 26th year with a reception Aug. 17. The program, sponsored by the MGH Center for Community Health Improvement, reaches out to students from Chelsea, Revere and East Boston high schools, the James P. Timilty Middle School, Edward M. Kennedy Academy for Health Careers and the Boston Private Industry Council to create enriching summer experiences.

The program was personal for mentor Yen-Lin Chen, MD, of the MGH Department of Radiation Oncology and director of the MGH Sarcoma Data Repository. As a young person in San Antonio, Chen took part in a similar program. "I wanted to give back because we need the bright innovative ideas these students bring," said Chen. "To be exposed to what I could be was life changing for me. This program reaches out to a diverse population who will better serve our ever-growing diverse patient populations – and that's where the future is heading."

Mentors and supervisors are encouraged to let their student workers explore

(Continued on page 4)

SUMMER ACHIEVEMENTS: From left, Kenechukwu Aniagoso, Jasmine Nijar, Lurlett and Diana Hernandez celebrate at the Summer Jobs reception.

Global Glimpse: MGH around the world

"When in distress, every man becomes our neighbor." Those words were penned by MGH founders more than two centuries ago, yet they continue to ring true today. Clinicians, researchers, students and staff travel the world to provide care, comfort and education to those in need. In recognition and celebration of the founding of the MGH Center for Global Health 10 years ago, MGH Hotline will run a series of articles highlighting the people and efforts that improve and enhance the lives of so many across the globe. This look at the past and future of Bangladesh is the first in the series.

The power of knowledge
MGHers elevate clinical care in Bangladesh

IT STARTS WITH A CUP OF COFFEE.

While waiting for it to cool, Bimalangshu Ranjan Dey, MD, of the MGH Cancer Center, begins where his story began – his birthplace of Bangladesh. Dey left the country when he was 18, but he always believed that one day he would return to use his skills and passion to improve the health and well-being of the people of Bangladesh.

"I had this dream of elevating clinical care in the area," Dey says. "I've been given many gifts in my life and I wanted to give something in return."

So he has returned – time and time again – to collaborate on multiple programs aimed at providing cancer care to those who so greatly need it. What started as a hope to help has become a brick and mortar reality, in partnership with the Bangladesh Ministry of Health & Family Welfare toward a shared vision to expand access to modern cancer care.

It started nearly eight years ago with the development of a cervical cancer screening protocol in the Korail slum of Dhaka, in collaboration with AK Khan Healthcare Trust, an area nonprofit organization. "Cervical cancer is the No. 2 killer of women in Bangladesh – second only to breast cancer – so it is having a massive impact on society," Dey says. "There are no national registries, so the incidence is unknown. From limited data at teaching hospitals, however, 80 percent are believed to be advanced stage and more than 80 percent will die within five years."

This is in stark contrast to studies in the U.S. which project only 12,990 cases of cervical cancer in 2016 – the majority of which will be detected in their early stages.

The challenges of implementing the program were immense. There is no reliable clean water supply for basic sanitation, and no centralized health services to introduce or educate about basic hygiene measures. Yet, in 2010, under the leadership of Annekathryn Goodman, MD, director of the MGH Gynecology Oncology Fellowship Program, the hospital helped to create a community-based comprehensive cervical cancer screening and treatment program, which to date has treated an estimated 300 underprivileged women in the Korail slum.

A FIRST FOR THE COUNTRY

Building on the successful collaborations to address cervical cancer, another milestone was marked in March 2014 when the first bone marrow transplantation unit in the country was opened at the Dhaka Medical College and Hospital, the largest public referral hospital in Bangladesh. Dey says support from the leadership of the MGH Cancer Center and clinical colleagues in the MGH Bone Marrow Transplantation Unit, along with the close collaboration of physicians and nurses in Bangladesh, were essential in bringing the project to fruition.

"In advance of our first transplant, 40 MGH staff spent more than 150 weeks in Bangladesh providing clinical mentorship to the unit and teaching in an advanced nursing program," Dey says. "It was an amazing partnership between the MGH, AK Khan Healthcare Trust, the Ministry of Health and the local physicians. To build this type of program in such a resource-limited country is virtually unprecedented."

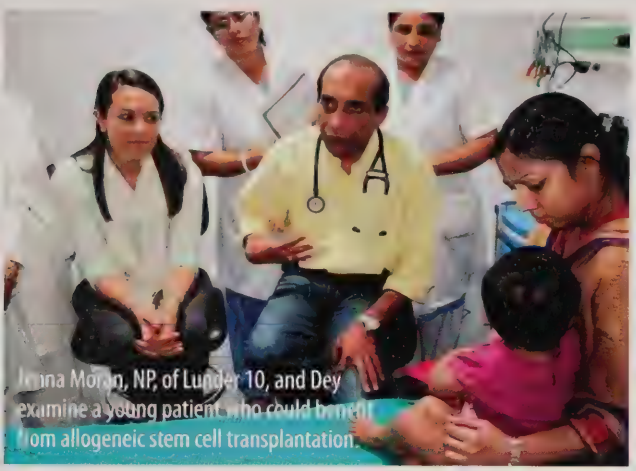
Since its inception, 23 patients have successfully been treated in the new bone marrow transplantation unit and the group hopes to be able to provide allogeneic (donor-derived) transplants in the coming years. "I can't stress enough how hardworking and dedicated Dr. Dey is," says Goodman, who has taken a lead role in the development of a Women's Cancer Care Program at the Dhaka Medical College and Hospital. "What he has done is extraordinary. He has shown the local clinicians that when you have a sterile environment, learn these special techniques and work together in an interdisciplinary team, you can build a successful treatment program. He is an inspiration to others, and we hope that his dedication to education continues to translate to other areas in Bangladesh."

TRAINING AND SUPPORT

"How are we going to make a difference in this sea of need?"

That's the thought that stood out for Anne-Marie Barron, PhD, MGH clinical nurse specialist who also serves as associate dean at Simmons College School of Nursing and Health Sciences, during her first trip to Bangladesh in 2009. She had worked with Dey for years

in the MGH Hematology/Oncology Unit, and readily agreed when he approached her to travel to Dhaka and share her expertise in nursing education. "He said, 'Come, help us.



Jenna Moran, NP, of Lurie 10, and Dey examine a young patient who could benefit from allogeneic stem cell transplantation.

If nursing education and nursing practice are not elevated, the quality of care will never rise. Your contributions will enhance their skills and confidence,'" Barron recalls.

Seeing hospital conditions firsthand was heartbreaking, Barron says. There were 1,600 full beds, but twice as many patients could be found lying on straw mats in the hospital hallways waiting for a bed to open, as the hospital turns no patients away. Further complicating the congestion were family members who clogged the hallways to care for their loved ones until they could be seen by a professional.

"That was my first experience with global health and it was amazing," says Barron. "I think there are lots of people who go to places in developing countries and they get overwhelmed and find it difficult to go back. We keep returning and we've established a real credibility with the people there. They know we are going to return and continue to help."

Dey is quick to point out that education, particularly within the field of nursing, is a key component to the success of the program. "Nurses play a central role in delivering health care around the world, and it is imperative that we prioritize their role within the comprehensive care team," he says.

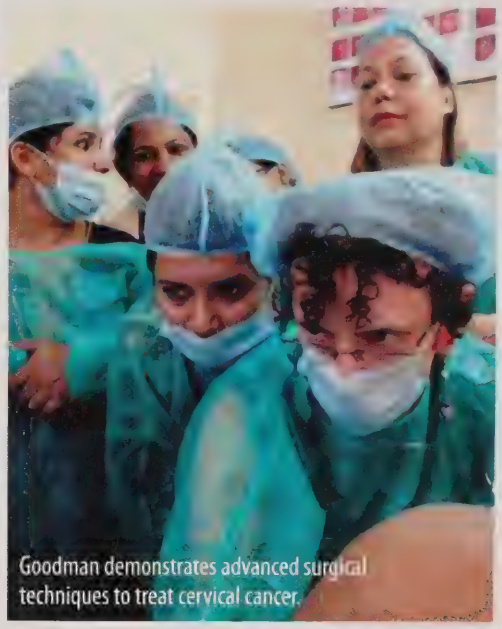
Dozens of MGH nurses have traveled to Dhaka – some multiple times – spending anywhere from one to six weeks on the ground to share their knowledge, create curricula and reinforce foundational nursing skills. "It's really incredible," says Barron, who took her 10th trip to Bangladesh in June. "The nurses who have been practicing for awhile – it's really wonderful to see the level of confidence they have. I feel like we are recognizing the long arc of a joy-filled career in nursing. You can see the power of knowledge unfolding before your eyes."

A LOOK AT THE FUTURE

"Building a bone marrow transplant program from the ground up – especially in a resource-limited environment – is a daunting task but Dr. Dey has marshalled the necessary resources and staff, inspired many team members at the MGH to provide their expertise in the training of that staff and has shown that anything is possible in the name of innovation and advancement of modern health care," says Thomas Spitzer, MD, of the Bone Marrow Transplant Program.

Dey is quick to point out that the dedication of staff here and abroad is the key to building successful programs.

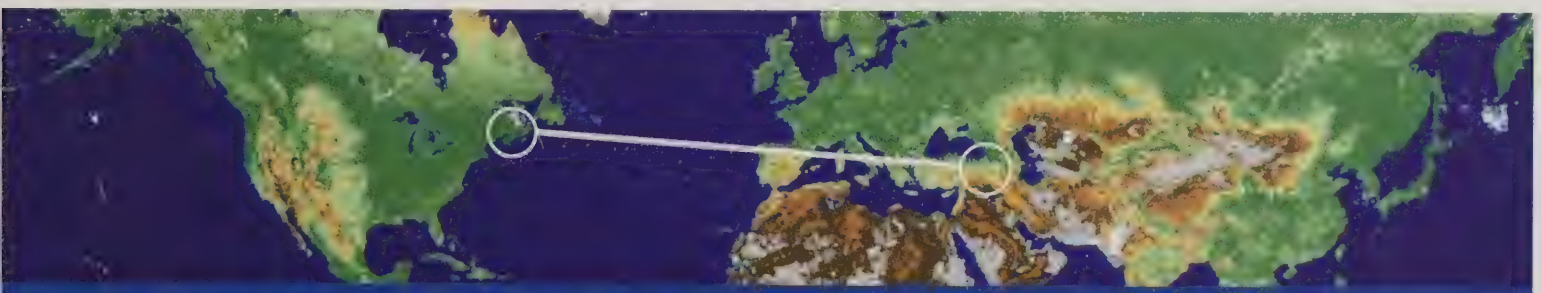
"Recognition goes to everybody," Dey is quick to say when discussing the work in Bangladesh. "I couldn't do this without the help of so many at the MGH, and I take it as a privilege to be a small part of a place like the MGH that wants to be a part of these big, big projects."



Goodman demonstrates advanced surgical techniques to treat cervical cancer.

In the future, Dey says, he will continue to strengthen and expand the clinical efforts in Bangladesh and will continue to ask MGH clinicians and colleagues for their support and expertise. "Good things happen like that," he says. "It's that easy. This family grew over a cup of coffee or tea."

Dey's cup of coffee is now empty – but his plate of projects and unbridled optimism is full. He smiles. "Do you want to go to Bangladesh?" ■



"As with all of MGH's partnerships around the world, the projects in Bangladesh extend the global reach of the hospital to improve health for vulnerable communities through patient care, clinical education and scientific discovery," says Jason Harlow, associate director for Global Programs at MGH Global Health. "What we might take for granted in Boston – empowered nurses delivering patient-centered medicine in multidisciplinary teams – is still relatively rare in places like Bangladesh. Beyond the transfer of technical skills by Dr. Dey and his remarkable colleagues in the MGH Cancer Center, I am excited to see the MGH as a driving force to advance a culture of care for the people of Bangladesh. Most gratifying is to see this collaboration supported directly by the government. I think this shows a strong political commitment to the long-term sustainability to these efforts."

— Summer jobs

(Continued from page 1)

and take on roles that interest them so that they might find a career path that could shape their future education and career decisions.

Chen's student employee, Noah Luckett, who attends Rensselaer Polytechnic Institute, found that engineering, his primary interest, plays a major role in many facets of the hospital and health care system. "Dr. Chen knows that, in order for us to be prepared for the future of medicine, we need to have the chance to experience and explore what is out there for us," he says. "I got a glimpse into what my future could look like and that is a very good motivator for me."

— Emergency preparedness

(Continued from page 1)

and medical director of Emergency Preparedness for MGH and Partners HealthCare. "Only 58 percent of households in the U.S. have taken any steps to prepare for a disaster. Take time now to make a disaster plan for your home – including how your family will get to a safe place, how you will communicate and how you will get back together if there is a disaster. Build a kit with essential supplies to support you, your family and your pets for 72 hours."

Some steps to make for a family disaster plan:

- Find safe spots in your home for each type of disaster.
- Choose multiple meeting places in your neighborhood or out of town.
- Determine the best escape routes from your home.
- Practice and review the plans with all family members.
- Think about what you would do with pets.

For more information about emergency preparedness at the MGH, visit the Center for Disaster Medicine at *www.massgeneral.org/disaster-medicine*. More information for preparing at home can be found at *www.ready.gov/kit*. ■

Developing a diverse workforce

"**WHILE CLINICIANS** have an opportunity to affect the lives of the thousands of patients they serve throughout their career, a physician-scientist has the potential to influence millions of lives – directly and indirectly – through the implications of their research, which transcend the length of their career," said Andrea Alonso, second year student at Case Western Reserve University School of Medicine and research student in the 2016 MGH Summer Research Trainee Program (SRTP). "Research offers the indescribable feeling of knowing that you are on the frontier of medicine."

ON THE FRONTIER OF MEDICINE: Students from the 2016 Summer Research Trainee Program

The trainee program exposes underrepresented college and medical students to biomedical research and provides mentorship, hands-on experience and an introduction to potential future career opportunities. Students worked with MGH investigators on a number of clinical, basic science, translational and health services/policy research projects and attended didactic and career mentorship meetings with Center for Diversity and Inclusion staff and hospital leadership.

"Through the SRTP, students underrepresented in medicine are provided not only with research experience and inspiration, but also with role models, mentors and a community upon which they can draw for a long time," says William Curry, MD, of the MGH Department of Neurosurgery Pappas Center for Neuro-Oncology, who was Alonso's preceptor.

Alonso says Curry's trust in her abilities has inspired confidence, and she now believes academic medicine will be part of her future. "The most important lessons that I learned from Dr. Curry are that a successful physician takes the initiative to pursue what they want, is confident in themselves and their capabilities and demonstrates persistence through the most challenging obstacles," she says. "The program reassured me of my potential as future physician and researcher." ■

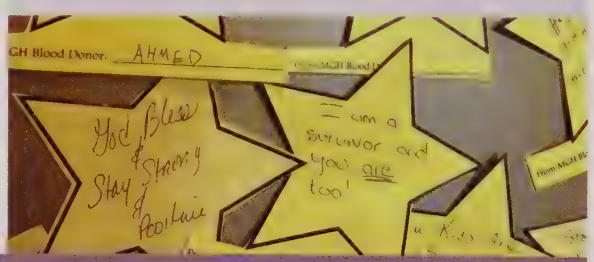
Helping pedi patients

THIS MONTH, in recognition of September as National Childhood Cancer Awareness Month, the MGH Blood Donor Center and MassGeneral Hospital for Children Cancer Center have teamed up to raise awareness of the hospital's littlest patients.

Donors are invited to post words of encouragement to pediatric cancer patients on the awareness ribbon and display in the Blood Donor Center refreshment room. Here's why blood donation is needed:

- 15,000 children are diagnosed with cancer yearly.
- 75,000 blood donors in the U.S. are needed to treat pediatric cancer patients alone
- Chemotherapy damages platelets, which can lead to life-threatening hemorrhages, making platelet transfusions a vital part of treatment
- Bone marrow transplant patients can use up to 120 units of platelets
- More than 1,100 units of platelets and red blood cells are transfused to children under the age of 14 at MassGeneral Hospital for Children

To make an appointment, email *kegamache@partners.org* or call (617) 726-8171. All platelet donors this month will receive a navy blue duffel bag.



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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH's got talent

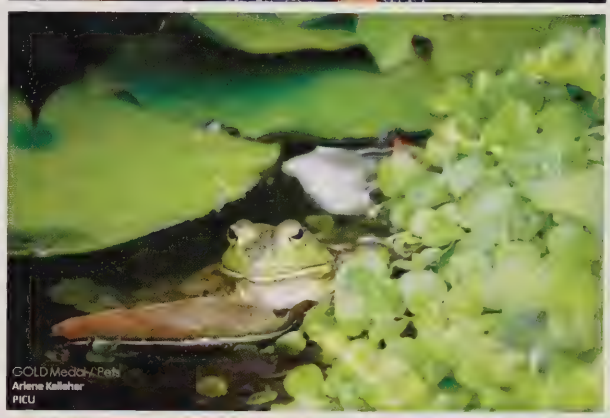
HE WAS KNOWN as "Mr. Red Sox" – and not time, his home setting or dementia would change his character or deep-rooted love for the team. "He was sitting nicely in the chair, his favorite vintage Red Sox hat on watching the game when I took the picture," says Ellen Silvius, RN, of the Pediatric Hematology Oncology Unit of MassGeneral Hospital for Children. "But right when he heard the click of my camera he turned his head toward me and just gave me that eye. It speaks volumes about my father."

That photo was awarded first place in the People category of this year's MGH's Got Talent Amateur Photo Contest. "I was beside myself when I won," says Silvius, whose father passed away last December. "This was just the quintessential photo that captured my amazing dad."

Silvius was one of 12 contest winners whose names and images were revealed at the annual Police, Security and Outside Services POPPS Fair Sept. 15. Out of hundreds of entries, judges voted on photos in four categories: People, Places, Pets and Open. "There are great stories and talent at the MGH," says Sam Riley, Photography and Creative Arts manager, who moderated the judging. "It's an amateur contest judged by amateur judges, and a great reminder of the talent MGHers have."

The top photos in each category will receive their picture printed and framed. Second place winners receive a free MBTA pass for one month and bronze honorees each take home a bike lock. All employees were invited and encouraged to submit

(Continued on page 4)



My Giving Helps gives back with hygiene kits for homeless youth

THE 2016 My Giving Helps: The MGH Fund + United Way employee campaign celebrated the third week of its annual fundraising efforts Sept. 19-23, dedicating the week to support United Way. Working with United Way representatives, employees had the opportunity to assemble hygiene kits to be given to children and teens who are currently or formerly homeless.

Nutrition and Food Services also continued its tradition of producing special baked goods to benefit the campaign. Blue and orange cake treats were sold at eateries around campus, with proceeds from the cake sales benefitting United Way.

"It is always comforting to give back, especially considering all of the great things that My Giving Helps and United Way do for the community," says Jimmy Quirk, assistant manager of the Bakeshop in MGH Nutrition

(Continued on page 4)

A HELPING HAND: Stephanie Gomez, of Physical and Occupatoinal Therapy

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

STUDY OFFERS NEW CLUES TO INHERITED HIGH BLOOD PRESSURE

High blood pressure is a major cause of heart disease and stroke. While half the risk of developing high blood pressure is due to inherited factors, until recently researchers only understood 2 percent of the genetic reasons for that risk.

Researchers at the MGH are now a step closer to understanding the genetic underpinnings of high blood pressure after two multi-institutional studies identified 44 new gene sites associated with the condition.

The findings suggest that new treatments targeting factors other than salt excretion – the typical strategy for controlling high blood pressure – could help with the condition. Christopher Newton-Cheh, MD, MPH, MGH cardiologist, was senior author of the two studies that reported these findings.

MEMORIES ARE MADE OF THESE ... LITERALLY

Whenever you have a memorable new experience, such as scuba diving in the Caribbean or reading the latest Research Roundup, new memories are encoded in the hippocampus, one of the few parts of the brain where neural stem cells continue to create new neurons. Like trees seeking sunlight in the forest, these new neurons compete with older neurons for space within the nerve networks of the hippocampus.

As the human brain matures, the connections between older neurons become stronger, more numerous and intertwined, making it harder for new neurons to get established.

With fewer new neurons to help sort through memories, aging brains can have trouble differentiating between events, leading to confusion over what happened when. In cases of post-traumatic stress disorder, overlapping neurons can accidentally retrieve an upsetting memory at the wrong time.

Working with mouse models, a multi-institutional research team led by Amar Sahay, PhD, of the MGH Center for Regenerative Medicine, recently found two ways to promote the growth of new neurons by reducing the expression of proteins that support older neurons.

This strategy gave new neurons a boost in integrating with the hippocampus and reduced the overlap between old and new neurons, enabling the brain to create more distinct memory patterns.

STUDY STRENGTHENS EVIDENCE THAT MENTAL ACTIVITY REDUCES DEMENTIA RISK

Do you enjoy mind-stimulating activities such as reading, playing brain games or attending cultural events? The evidence is growing that they can boost your brain functioning and delay the development of Alzheimer's disease or other age-associated dementias.

While previous research studies have suggested this link, questions remained as to whether there was a real cause-and-effect relationship, or if the results were biased by other factors, such as socioeconomic status or preexisting mental health conditions.

A research team from the MGH and Harvard's T.H. Chan School of Public Health recently analyzed 12 peer-reviewed studies suggesting a positive link between late-in-life cognitive activities and the delayed onset of Alzheimer's and dementia. They concluded that any bias that outside factors might have played would not have been significant enough to change the positive outcomes.

"Cognitive activity looks like it may offer some modest protection, and based on our bias analysis I am somewhat less skeptical about the results of the previous studies," says Deborah Blacker, MD, ScD, of the MGH Gerontology Unit, senior author of the report. "But remember that any impact will be relative, not absolute. I typically advise people to engage in cognitive activities that they find interesting and enjoyable for their own sake. There is no evidence that one kind of activity is better than another, so I would advise against spending money on programs claiming to protect against dementia." ■

Perspectives from the road less traveled

IN RECOGNITION of Women in Medicine Month, the MGH Center for Faculty Development's Office for Women's Careers welcomed Juanita Merchant, MD, PhD, H. Marvin Pollard Professor of Gastrointestinal Sciences at the University of Michigan, as keynote speaker during its 19th annual celebration on Sept. 14.

Nancy Rigotti, MD, director of the Office for Women's Careers, opened the session by congratulating women faculty at the MGH, including those who were promoted this past year and those who were honored as 2016 Claflin Distinguished Scholars. Peter L. Slavin, MD, MGH president, followed with a nod to the many women who serve in leadership positions, including the five who are department chairs and the members of the Board of Trustees. He welcomed Merchant back to the MGH, noting they had been medical residents together here in the 1980s.

During her speech, Merchant said while growing up in Los Angeles during the time of segregated schools and voluntary busing, it was very unusual for an African-American girl to pursue a career in academic medicine. Eventually getting her medical degree and doctorate at Yale, she overcame the initial pushback from her family and her community who wanted her to focus on patient care instead of research.

Merchant said her career success is "grounded in good timing and good mentorship" and shared her advice for women faculty. "Find your passion, get a broad based education, find good mentors and schedule personal time," she said.

FINDING PASSION: Merchant at the 19th annual Women in Medicine celebration

AMMP scholarships support education and careers

FAMILY, FRIENDS and co-workers celebrated eight MGH employees Sept. 8, as they were recognized as the 2016 Association of Multicultural Members of Partners (AMMP) scholarship recipients. The scholarship provides funding for staff to pursue additional education and training toward their health care careers. This year's recipients are: Neilda Alves, Yandei Andrews, Evelyne Joseph-Noel, Laxmi Kasti, Tirza Martinez, Nordia McBean, Joshua Peters and Paulina Yennah.

Jeff Davis, senior vice president for Human Resources and AMMP executive sponsor, commended recipients for their dedication to advancing their education while maintaining a full-time job. "This is the most important investment you can ever make," said Davis. "There are many rewards from an advanced education."

During the ceremony, Paulina Yennah, operations associate in the Pediatric Intensive Care Unit, reflected on her motivation to pursue a career at the MGH following her sister's preventable death after childbirth. "Living in Ghana I had heard how great MGH was," she said. "When I moved to the United States I told my husband we needed to find MGH because this was where I wanted to work."

Yennah says she hopes that after she completes her education, she can return to Ghana and help prevent patient deaths like that of her sister.

AMMP is a volunteer employee organization that has awarded scholarships since 1997. Candidates must be an MGH employee and a member of AMMP to be eligible. "The scholarships help employees go to school while also developing their professional careers as health care leaders," says Evelyn Abayaah, chair of the AMMP Executive Board.

Tirza Martinez, patient care assistant, has received the scholarship for the last four years and is about to complete her bachelor's degree in Nursing. "I am overwhelmed with joy to have an organization that believes in my dreams and has supported me in this way," she said, adding that she has chosen this path not just for herself, but for her family and those that believe in her. "We have to find a way to give back to AMMP and make a difference in someone else's life." ■

SCHOLARSHIP SUPPORT: This year's group of scholarship recipients with members of AMMP

Annual Phillips Society luncheon highlights Cardiology's history and future

WHILE THE 100TH ANNIVERSARY of Cardiology at the MGH inspired the hospital's 11th annual Phillips Society luncheon topic, speakers at the Sept. 16 event focused on the future.

Physicians, hospital friends and leaders joined society members to celebrate the generosity and impact of estate and endowment giving at the hospital. The Phillips Society represents those who include the MGH in their estate plan – through a will or other planned gift – and those who make a lead gift to establish an endowed fund.

Roman DeSanctis, MD, director emeritus of Clinical Cardiology and Phillips Society member and ambassador, said that despite major advances in treatment and prevention, cardiovascular disease remains the No. 1 cause of death in the developed world. "But shrinking grants and reimbursements threaten young clinician scientists and new leaders of the field," he said. "Philanthropy remains key to maintaining the excellence of our academic mission."

Anthony Rosenzweig, MD, chief of Cardiology and co-director of the Corrigan Minehan Heart Center, discussed rapid advancements in science and technology that make this "one of the most exciting times to be in medicine."

Other honored speakers from varying areas of the Cardiology Division included Conor Barrett, MD, clinical director of the cardiac arrhythmia service; Ami Bhatt, MD, director of the Adult Congenital Heart Disease Program; and Jason Roh, MD, attending cardiologist. The three discussed their future visions for patient care, new procedures and research moving cardiology forward.

"This is a chance to connect with our talented researchers and clinicians and with people who are generous and want to feel good about their giving," said Brit Nicholson, MD, senior vice president of Development. He also underscored the importance of philanthropy on the MGH's four-part mission. "Donors like you are clearly partners in every aspect."

PARTNERSHIPS ACROSS MGH: From left, Thomas J. Lynch Jr., MD, MGPO Chairman and CEO; Phillips Society member Jim Mooney and Rosenzweig, celebrating long-range philanthropy at the hospital.

— MGH's got talent

(Continued from page 1)

their photos, with a limit of two entries per person.

Silvius is thrilled her photo took top honors as she has wanted it framed for some time. "Even though he had dementia, the Sox still remained in there for him," says Silvius, whose dad was born and raised in Dorchester. And though he was a World War II veteran with a quick Irish wit, it was the Red Sox that always kept his character strong. "Whenever the game was on – between the drone of the crowd and the crack of the bat – he was in his happy place, always Mr. Red Sox. It just brought him home." ■

The 2016 winners

PEOPLE: Gold: Ellen M. Silvius, RN, Pediatric Hematology Oncology; Silver: Jennifer Lassonde, PCS Clinical Support Services; Bronze: Tiannan (Tia) Zhan, Gastrointestinal Unit

PLACES: Gold: Barry Vuong, Dermatology; Silver: Michael Leary, Human Resources; Bronze: Sara Grundy, Neurology Clinical Research Institute

PETS: Gold: Arlene Kelleher, RN, Pediatric Intensive Care Unit; Silver: Ralph Mazitschek, PhD, Center for Systems Biology; Bronze: Betsy Andon, Blood Transfusion Service

OPEN: Gold: Mattia Lion, Molecular Biology; Silver: Nicolas Depauw, Radiation Oncology; Bronze: Danapel C. de Veer, Blood Donor Center

—My Giving Helps

(Continued from page 1)

and Food Services. "Our Bakeshop staff and Nutrition and Food Services always look forward to this weeklong campaign when we provide a nice treat for employees and visitors. And giving is great for the heart."

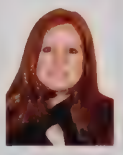
Gifts to the MGH Fund provide unrestricted dollars to support the most promising programs and initiatives at the hospital. Additionally, gifts to United Way provide assistance to more than 170 organizations in the Boston area.

Next week marks the final week of the 2016 My Giving Helps campaign. To celebrate and encourage staff to contribute to the overall goal of raising a cumulative $5 million over the past five years – from 5,000 employee donors – MGHers can look forward to Blue and Orange Week from Sept. 26-30. The spirit week offers employees a chance to win prizes for wearing campaign colors to show their support.

To learn more about the campaign or to make a donation, visit *www.mygivinghelps.org*.

Celebrating Patient Safety Stars

AS PART OF THE MGH's commitment to quality and safety, *Hotline* will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations.



Jennifer Patel, pathologist's assistant in the Surgical Pathology lab

Patel caught multiple errors made in the frozen section room and corrected them with the attending MD on service before a serious error was made. She then filed safety reports on all cases. Patel is diligent about speaking up for patient safety and excellent at teaching the residents the proper ways to perform tissue grossing and correct their errors as they go.

Karen Rich, MRI technician

Rich always goes the extra mile to make sure patients are safe prior to MRI imaging. She reviews the patient's medical history for implantable devices and then updates the Radiology Information System for future reference. During a recent MRI for a pediatric patient with a programmable shunt that would require re-programming after the MRI scan, Rich coordinated with the Neuro-Radiology team to ensure the shunt would be re-programmed. Rich then let the patient's mother know what to expect post-MRI. Rich is a consummate professional and a strong advocate for patient safety.

Dipti Sajed, MD, PhD, third-year Pathology Resident

Sajed has been instrumental in the increased safety report filing in Surgical Pathology. During her recent term as chief resident, she actively sought to improve the safety culture among her colleagues and peers through openness and transparency of QA issues. She is consistently proactive in the reduction of processing errors and has spent countless hours working through issues with front line staff and colleagues to better understand what could have potentially led to the identified errors. She has advocated for the reporting of these issues and continues to give insightful ideas into how to better improve operations and QA.

Darlene Sawicki, NP, nurse director of the Neurology-ALS practice

Sawicki is always looking out for both safety of patients and colleagues. She makes sure all measurements are done accurately and correctly put in the system. Sawicki always makes sure her staff is comfortable with transferring patients from the wheelchair to the chair scale and vice versa. She can be reached any time to help if the providers or the family members feel that something should be done differently. As a student at the MGH, Sawicki set up three trainings for Hoyer Lift, wheelchair to scale and proper etiquette for a patient on a stretcher that may need to use the bathroom. All of the trainings were important because they ensure proper and safe procedures for the patient.

Christie Swett, medical technologist in the Immunopathology Lab

Swett goes above and beyond expectations to maintain the highest standards in laboratory and patient safety and to ensure the lab meets and exceeds the expectation for safety compliance standards. She has volunteered for many years as a health and safety officer, consistently leading by example, always wearing and demonstrating proper PPE, handwashing techniques, chemical and biohazard waste disposal and spot checking for errors in accessioning and reporting results. Her dedication is admired and important to patient safety.

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

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HUBweek happenings

HUB week

MORE THAN 1,400 people enjoyed interactive, creative, educational and fun programs hosted by the hospital during the second annual HUBweek, a citywide innovation festival founded by the MGH, Harvard University, Massachusetts Institute of Technology and *The Boston Globe*. Participants enjoyed laughter yoga, shared stories of their medical journeys, competed for the title of the best biomedical research communicator, wrestled with the disconnect between science and mental health treatment and policy, connected art and music to medicine, and tackled racial and ethnic disparities in health care.

National Patient Safety Goals outline identification of patients at-risk for suicide

SUICIDE IS NOW the 10th leading cause of death within the United States, resulting in more than 40,000 deaths every year. For ages 15-34 years old, suicide is the second leading cause of death, after unintentional injury. "The statistics are jarring," says Janet Wozniak, MD, chair of Quality and Safety in the Department of Psychiatry. "More lives are lost to suicide than as a result of traffic accidents or homicides. And what is even more startling is that most people who die by suicide – about 84 percent – received some type of health care services during the year prior to their death."

The Joint Commission of Accreditation in Health Care – the nonprofit organization that accredits most hospitals in the United States – has again included identification of patients at risk for suicide in its National Patient Safety Goals. In response to emerging patient safety issues, the organization also recently issued a sentinel event alert to assist health care organizations to better identify and treat individuals with suicidal thoughts or concerns.

The alert notes that clinical staff should conduct a risk assessment of any patient deemed to be at risk for self-harm or suicide and create a safe environment using the least restrictive measures. Once the patient is safe, clinical staff should work collaboratively to develop a plan for ongoing care and discharge.

"One of the most important things providers can do if a patient communicates suicide or self-harm intentions is to ask questions and assess and document the conversation," Wozniak says. "Dig deeper into their thoughts or plan, and access to means and their intent."

(Continued on page 2)

Fall sports injuries: Commonalities, myths and methods for prevention

WITH FALL SPORTS in full swing, Lenore Herget, PT, DPT, senior physical therapist in the MGH Sports Medicine Center, provides key information about how to obtain an injury-free season – and says yoga isn't for everyone.

1. WHAT ARE THE MOST COMMON FALL SPORTS INJURIES? WITH WHAT SPORTS ARE THEY ASSOCIATED?

Overall, the most common injury we see initially see is muscle strain from overtraining, typically from preseason. Injuries can vary based on the specific sport:

Soccer: ACL and meniscal injuries; patella femoral joint dysfunction

Football: Concussions, AC joint separations

Cross Country: stress injuries (stress fractures and stress reactions); patella femoral joint dysfunction

Field Hockey: Contusions

2. WHAT ARE SOME WAYS TO PREVENT THESE INJURIES?

It's important to adequately train in the offseason leading up to preseason so that the shock of preseason demands doesn't overtake what the musculoskeletal system is prepared to handle. Also, glute strengthening is important as many lower extremity injuries can be prevented or lessened by appropriately training the gluteal muscles. Particularly with sports that involve a lot of one-plane motion, like running. These sports use muscles on the front and back of the legs – quadriceps, hamstrings and calf muscles – and leave the hip rotators and extensors, like the glutes, out of the picture. This muscle imbalance can lead to a lot of hip, knee and even foot problems from biomechanical breakdown during many weight bearing activities.

For sports that involve a lot of jumping, landing, twisting and cutting, it is important to train these motions as well. There are many good preseason and during season "preventative ACL" programs available. Many sports teams have adopted them as part of their pre, during and offseason workouts.

For the upper extremity, strengthening the muscles that stabilize and move the shoulder blades can have a big effect on preventing shoulder injuries caused by throwing.

3. WHAT ARE THE MOST COMMON THERAPIES/TREATMENTS FOR SUCH INJURIES?

In some cases, surgery may be warranted. In non-operative cases, we look to normalize the mechanical load through the joint or body part. This is done through a combination of physical therapy approaches: soft tissue techniques – which may include various types of tissue specific massage, joint mobilizations or stretching, strength training of areas around the affected region, core strengthening and stability exercises – which can include the "upper core" (mid-back) and "lower core" (pelvic, abdominal and glutes), motor control and motor retraining – which involves teaching proper biomechanics with certain activities, and unlearning bad habits gained from previous muscle imbalances.

4. IF AN ATHLETE THINKS HE/SHE HAS BEEN INJURED, WHAT IS THE BEST COURSE OF ACTION?

The RICE method is generally a safe and effective method: Rest, Ice, Compression, Elevation. If after two to three days there is no improvement, seek a consult. Of course, if there are any red flags, the athlete should see a physician or report to the Emergency Department immediately.

5. WHAT, IF ANY, ARE SOME COMMON INJURY MYTHS – SUCH AS GIRLS TEAR THEIR ACLS MORE?

Girls do tear their ACLs more, actually! Here are some myths:

"No pain, no gain": Pain is typically a good indicator that something is wrong, and pushing through the pain can lead to more injuries or increase the severity of the existing injury.

"Running is a good strengthening workout": Not a lot of strength training and muscle building occurs with running; more muscular endurance and cardiovascular endurance training.

"Yoga is good for everyone": Not always the case, particularly with someone who is exceptionally stiff. They may try to emulate the person in front of them who is very flexible and incur an injury in the process.

"If you don't stretch before you run or workout, you're going to pull something": Sometimes overstretching before exercise can predispose an athlete to more injuries.

"Taking anti-inflammatories before running/playing can help minimize the pain": It will mask the pain, but again, pain exists for a reason. Don't ignore it.

"Minimalist shoes are good for everyone": Everyone has a different foot type, bone anatomy and mechanical stresses through the foot; what might be good for one can be detrimental to another. ■

— *Suicide rates*

(Continued from page 1)

Paying attention to risk factors also is essential because some patients may not disclose thoughts about suicide voluntarily, Wozniak says. Risk factors for suicide can include mental or emotional disorders; previous suicide attempts; history of trauma or loss; serious illness/physical impairment; chronic pain; alcohol and drug abuse; social isolation; aggressive or anti-social behavior; recent discharge from inpatient psychiatric care; or access to lethal means, coupled with suicidal thoughts or plans.

"Any patient admitted with a suspected or known attempt, who tries to harm themselves in the hospital or who indicates either verbally or non-verbally intent to harm themselves is considered at risk," says Ted Stern, chief of the Avery D. Weisman Psychiatry Consultation Service at the MGH. "We then implement suicide precautions immediately until we have fully evaluated risk and confirm there is no need for suicide precautions."

When a provider determines there is an imminent risk of suicide, they should follow the suicide protocol using the appropriate order set through Partners eCare. Psychiatry consultation services are available for the ongoing care of psychiatric issues in patients admitted to the medical and surgical floors. Stern says once a patient is no longer in an acute crisis, it is important to engage them and their family in collaborative discharge planning.

In an emergency, a nurse also may initiate suicide precautions prior to receiving an order to create a safe environment for the patient. If a patient is attempting self-harm, a nurse can call for "HELP" by pressing the code button at the bedside, call Police and Security and/or page the responding physician and Psychiatry. "As always, keep yourself and other staff and patients safe," says Connie Cruz, RN, MS, clinical nurse specialist on Blake 11, Inpatient Psychiatry. "Ask the patient to stop their harmful behavior, but call for help and never put your own safety at risk."

Tattoo removal program provides a clean slate

THEY ARE FORMER gang members whose tattoos keep them in the crosshairs of violence.

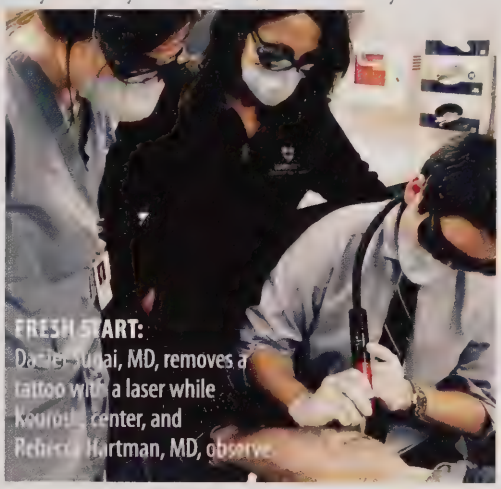
KOUROSH

They are ex-prisoners who want to get jobs or become better role models for their children. A tattoo removal program at the MGH is devoted to helping these people leave their past behind and seek new opportunities.

Project Phoenix was founded two years ago by Shadi Kourosh, MD, MPH, director of the Dermatology Department's Division of Community Health. Kourosh and her Dermatology residents now devote one day each month to Project Phoenix patients, who are treated without charge.

Wielding high-intensity lasers, they painstakingly break up layer after layer of ink in the skin. Removal by lasers takes an average of 6 to 12 treatments, depending on the number of tattoos, the density of the dyes and their color, size and location. Considered cosmetic, tattoo removal is not covered by health insurance, and sometimes can cost thousands of dollars. "Were it not for Project Phoenix, the cost would be a true barrier for them," says Kourosh.

Even with numbing medicine, the laser removal process is painful. Yet the high-risk youth accepted into the program are highly motivated to show up month-after-month for treatments. "Despite the pain and the time it takes, their tattoos have created so many obstacles and so much distress in their lives that they are very committed," Kourosh says.


FRESH START: Dr. [illegible]ai, MD, removes a tattoo with a laser while Kourosh, center, and Rebecca Hartman, MD, observe.

She recalls the young father who found his toddler coloring all over his own arms so he could "be like daddy." Ashamed of his criminal past, the father wanted the tattoos gone before his son was old enough to understand what they meant. Kourosh says this man now has a good job and contributes to his community. "He thanks us every time we see him for making such a difference in his life," she says.

Kourosh was inspired to start Project Phoenix when volunteering with a Dallas tattoo removal program during her residency in Texas. There, she met a man who had been in a gang. He had turned his life around, but visible tattoos disqualified him from realizing his dream to be a Marine. Once the tattoos were removed, he was able to enlist and serve.

When Kourosh came to the MGH in 2013 to start the Division of Community Health, she realized there also was a need in Boston for this service. She credits R. Rox Anderson, MD, director of the MGH Wellman Center for Photomedicine, and Bill Farinelli, also of the Wellman Center, as being "phenomenal mentors" in helping to build this program, and for facilitating the donation of a laser by the Syneron-Candela corporation.

As tattoos have grown in popularity the past 30 years, so has the need for removal, Kourosh says. About three in 10 Americans have at least one tattoo, up from roughly two in 10 just four years ago, according to a 2015 Harris poll. Nearly a quarter of those with tattoos come to regret having them and Kourosh says there currently is a waiting list for Project Phoenix.

"When I counsel young people, I tell them it will take only one session to create a tattoo, but multiple painful sessions to remove it," she says. ■

Disappearing act

MGH performs its first absorbable heart stent procedure

WHEN FRED NOYES of Trenton, Maine, turned to Google to research options for treating his coronary artery disease, he learned a different type of stent was offered to patients in Europe – one that slowly dissolved and disappeared over time.

"I was immediately intrigued, but then quickly disappointed to learn it was not approved by the U.S. Food and Drug Administration (FDA) for patients here in the United States," Noyes says.

Noyes and his wife describe themselves as "health enthusiasts," but despite years of an organic diet and an ardent love for the game of tennis, Noyes says in 2007 he needed quintuple bypass surgery and in early 2016, he had three stent procedures.

His research on the biodegradable stents would prove prescient when he returned to the MGH in September for yet another angioplasty. "I remembered Fred's interest in the Absorb stent," says Farouc Jaffer, MD, director of Coronary Intervention at the MGH. "And this time, I was able to present it to him as an option."

For Noyes, the decision was an easy one. "Even as the first MGH patient to receive this type of stent, I had not a moment of doubt."

How it works

IN CONTRAST to a more common permanent metal stent, Absorb is made of a naturally dissolving material that expands the artery like a traditional stent early on, but is then designed to completely disappear into the artery wall after two to three years. It was approved for use by the FDA in July.

"This type of dissolvable stent holds a lot of promise for our coronary patients," says Jaffer. "Over time, the treated artery can return to a more natural state. And it may potentially reduce the risk of late complications that can sometimes occur with metal stenting procedures."

Still, Jaffer cautions, the new stent is not appropriate for all patients. Patients with smaller sized or highly calcified coronary arteries may not qualify for the current generation Absorb stent. And long-term safety results about the stent are not expected until 2020.

"The use of this stent requires thoughtful and careful review of each case, and is enhanced by using intravascular imaging such as optical coherence tomography (OCT)," says Jaffer. "OCT helps us precisely determine if the artery is big enough to accommodate the stent, and optimizes the Absorb stent implantation into the artery."

Interventional cardiologists performing the Absorb procedure are required by the FDA to undergo mandatory education and training courses.

It's a wrap: My Giving Helps campaign comes to a close

"THE MGH has cared for the sickest of the sick regardless of age, race, gender or religious affiliation," says Karen Bruynell, program administrator in the MGH Department of Medicine. "This commitment has always impressed me. We've all been able to count on MGH and I want MGH to be able to count on me."

Bruynell is one of many staff members who has supported the My Giving Helps: The MGH Fund + United Way employee campaign since its inception in 2010. Led this year by campaign co-chairs, Katrina Armstrong, MD, physician-in-chief, and Greg Pauly, senior vice president for the MGH, the campaign is a monthlong celebration where employees have an opportunity to donate to the MGH Fund, United Way or both. Gifts to the MGH Fund provide unrestricted dollars to support promising programs and initiatives at the hospital. Additionally, gifts to the United Way provide assistance to more than 170 organizations in the Boston area.

To learn more about the campaign or to make a donation, which will continue to be accepted year-round, visit *www.mygivinghelps.org*.

A flicker of hope

A SEA OF FLICKERING CANDLES. Hushed voices. Muffled sobs. A long recitation of names – each followed by the clang of a firetruck's bell. These were the scenes at vigils hosted in area communities earlier this month, commemorating National Recovery Month and honoring those who lost their battle with drugs and alcohol.

The MGH Center for Community Health Improvement – along with the community coalitions it supports in Charlestown, Chelsea and Revere – brought families together to provide strength to those who have been affected by substance abuse and offer hope for anyone who is struggling with addiction. On Sept. 17, the Charlestown Coalition and Charlestown Against Drugs sponsored a candlelight vigil at Hayes Park. As friends and neighbors gathered at dusk, local clergy offered prayers and teens from Turn It Around Charlestown took turns reading the names of those who have died.

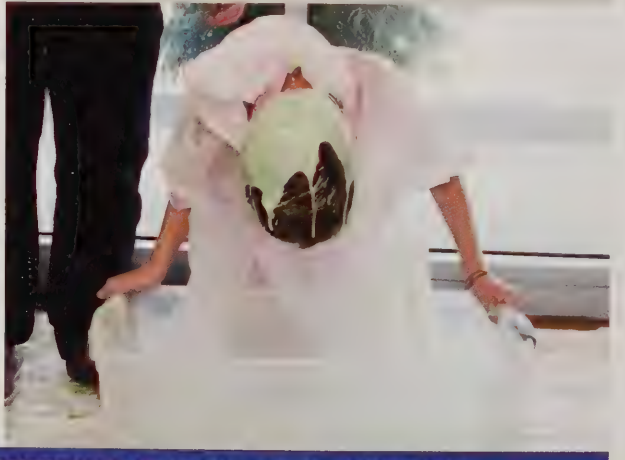
On Sept. 22, nearly 100 people attended a vigil on the steps of Chelsea City Hall, hosted by members of the Healthy Chelsea Coalition and two days later, the Revere CARES Coalition hosted its 10th annual vigil on Revere Beach.

"The spirit of community and solidarity was palpable, as was the resolve to end the shame and stigma associated with substance use disorders," said Jennifer Kelly, director of the Healthy Chelsea Coalition. "If only for one night, friends, families, neighbors and their supporters were given the chance to grieve together, lessening the burden of isolation and shining some light on a worsening epidemic." ■

PHOTOGRAPH COURTESY OF JOE MAKARYAN

Slime time

GREEN WITH ENVY: In honor of National Childhood Cancer Awareness Month, the Hole in the Wall Gang Camp Hospital Outreach Program hosted its annual Slime Day on Sept. 22 at MassGeneral Hospital for Children. After watching Heather Peach, child life specialist, get slimed, Skylar Rappl, 14, happily agreed to get doused with the green gunk. During the event, patients and their families also decorated T-shirts and made their own batch of slime to take home.



MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Made with loving stitches

THEY ARE MGH EMPLOYEES. They are former patients. They are cancer survivors. They are caretakers, neighbors, quilters and master knitters. They are the MGH Comforters – a group of talented, caring volunteers who have donated more than 2,000 homemade quilts, pillowcases and blankets to MGH patients throughout the past 15 years.

"The quilts provide a way to individualize the patients," says Ronnie Kane, who has been with the group for about four years. "It's not only humbling to hear that these quilts have made such a difference in their lives, but is a creative outlet for me as well."

The MGH Comforters met for the first time two days after 9/11 and donated their first quilts to Christopher's Haven. The group, formed by Jill Martuza, has grown to include more than 40 members. They create these pieces in the hope that the quilts will provide some comfort and happiness to patients.

"There is a real purpose to it; we are paying it forward," says Carol DiFelice, who creates the labels stitched into each quilt that read "Made with loving stitches by The MGH Comforters." "I learn so much from the others here. There is so much talent in the room when we meet, and the more I make the better I get."

The Comforters meet twice a month and welcome new members or anyone who wants to participate, even those who may not be quilters.

(Continued on page 3)

MGH Celebrates National Physician Assistant Week

DURING NATIONAL PHYSICIAN ASSISTANT WEEK – Oct. 6 -12 – the MGH will honor physician assistants (PAs) for their dedication to providing compassionate care to patients and their families and for their commitment to the health care profession.

The MGH employs nearly 90 PAs in various departments including Emergency, Surgery, Orthopaedics, Medicine, Cancer Center, Neurology, Urology and Radiology. They collaborate with physicians, trainees and other members of the medical team to enhance the care experience for patients.

"Physician assistants are such a tremendous help to our physicians," says Thomas J. Lynch Jr., MD, MGPO chairman and CEO. "They have an increasingly important role and are critical to the excellent team-based care we provide to our patients."

Like physicians, PAs undergo rigorous training to be licensed and certified. They have annual educational requirements and retake their board exams every 10 years. PAs can diagnose, treat and prescribe therapies while working autonomously or in collaboration with a multidisciplinary team.

Elizabeth Temin, MD, a physician in the Emergency Department, says PAs are indispensible to patient care. "Attendings and residents all love working side by side with them," she says.

During the course of a career, many PAs practice in two or three specialty areas, providing valuable skills and versatility to meet the changing needs of the communities the MGH serves. According to the Bureau of Labor Statistics, employment of physician assistants is projected to grow 38 percent from 2012 to 2022.

Throughout the week, the MGH and MGPO leadership will celebrate PAs with a number of educational events, as well as a reception attended by supervising physicians.

'Honoring our heritage, building our future'

"SOMEHOW ALONG THE WAY I figured out that by giving back I was not only doing something good, but I learned that when the community works together, the community works; everything that you give comes right back to you," said Magaly Valentin, MGH Human Resources business partner.

Valentin is one of two recipients of this year's Ernesto González Award for Outstanding Service to the Latino Community, along with Shadi Kourosh, MD, MPH, director of the Dermatology Department's Division of Community Health and staff dermatologist at MGH Chelsea and Revere.

The award – named for Ernesto González, MD, longtime MGH dermatologist – honors and recognizes the contributions of employees who are improving the experience of Latino patients and families at the MGH. Valentin is actively involved with a number of committees and programs – within and outside the walls of the MGH – acting as a career coach for employees and actively encouraging minority residents in her town to register to vote. Kourosh was honored for her dedication to caring for the Latino community both locally and nationally and fights for patient advocacy in national legislative efforts to provide improved access to patient care, particularly those from less advantaged backgrounds.

"It is so humbling to receive an award named for my mentor, Dr. González," said Kourosh, whose family fled religious persecution and human rights violations in Iran. "When I see the way he cares for people from all walks of life, it reminds me of why I became a doctor. I truly share this award with my whole team."

An integral part of celebrating Latino Heritage Month at the MGH, the Committee for Latino Initiatives and MGH Human Resources hosted the annual Ernesto González Award breakfast Sept. 30 at the Paul S. Russell, MD Museum of Medical History and Innovation.

During the event, special guest Paul Francisco, former New England Patriots player, shared his lessons of perseverance after coming to the United States from Honduras at age 17. "Because of my background, I have achieved such great success and am able to draw strength from that and the experiences of my parents and my community," said Francisco. "Be proud of your heritage; don't let anyone tell you otherwise."

GIVING BACK: From left, Valentin, González and Kourosh

Celebrating research contributions

THE MGH ENDOCRINOLOGY UNIT hosted a special reception on Sept. 29 to commemorate a 28-year collaboration with the Chugai Pharmaceutical Co., Ltd, of Japan. "I am really pleased to celebrate this unusual, unique and happy relationship that we've been in," said John Potts, MD, physician-in-chief emeritus. "We appreciate the funding support – but the loyalty, the trust and the friendship are really what make it so special."

Since 1989, 10 scientists from Chugai have come to spend two to three years each as visiting research scientists in the hospital's endocrinology laboratories. This has resulted in 31 published papers and 16 patents issued and has set the stage for the development of drugs to treat hypoparathyroidism and osteoporosis. In recognition of these successes, Potts presented a plaque to Hisafumi Okabe, senior vice president and general manager of Chugai's research division, which also will be displayed in the library.

During the reception, Henry Kronenberg, MD, chief of the Endocrine Division, held up a thick binder containing the papers and a list of the scientists who have participated in the program, which will now be housed in the Thier Building's Fuller Albright Library. "It would be fortunate for the world if others could have this mutual, cordial and wonderful relationship," he said. "The contributions have been extremely valuable."

The ceremony came on the heels of a daylong scientific meeting between the two organizations, as well as a historical overview and tour of the Ether Dome presented by Susan Vassallo, MD, of the Department of Anesthesia, Critical Care and Pain Medicine.

"It's amazing to think about how scientific work can be done in such a disciplined way," said Michael Mannstadt, MD, chief of the Endocrine Unit. "This all comes down to modesty, discipline and hard work." ■

LEADERS OF COLLABORATION: From left, Potts, Okabe and Mannstadt

PATRIOT PAMPERING:
New England Patriots players, from left, Richards, King and Coleman with Tarantino

Touchdowns on Yawkey 8:

ON OCT. 4, Brandon King, Justin Coleman and Jordan Richards of the New England Patriots paid a surprise visit to the Yawkey 8 Infusion Unit in recognition of Breast Cancer Awareness Month. The players greeted dozens of patients and surprised five women – including two MGH nurses – with tickets to the Patriots Day of Pampering. The breast cancer patients will be treated to a special day of spa treatments at Gillette Stadium later this month.

For MGH Cancer Center nurse Margaret "Peggy" Tarantino, RN, who was diagnosed with breast cancer in July 2016, the Patriots Day of Pampering will be an opportunity to enjoy some quality time outside of the hospital with fellow patients. "I'll be able to relax. It'll give me a sense of normalcy. I used to be able to get my hair done but I don't have any hair now. So they can do my nails and a back rub would be wonderful." According to Tarantino, the Patriots visit serves as a reminder of all "the true goodness that's in the world."

Erika Rosato, RN, nursing director of the Infusion Unit, witnessed the joy on the faces of the patients who were greeted by the team members. "When the Patriots come to visit, it is one of the most uplifting days on the unit for patients, families and staff. In that moment our patients and their families forget they have cancer. They forget why they're here and they are immersed in this world outside of themselves."

— *Made with love*

(Continued from page 1)

Longtime member Sue Kaynes is a master knitter and ties the knots of each new quilt. "What amazes me is how everybody in this group comes in with bags full of quilts," says Kaynes. "This is a place of learning, and as I knitter I love color and design, and I am in awe of these women who are so creative and how each quilt is so different. I see new ways to create things."

The quilts are donated to a number of hospital units a few times each year and the group also hosts a quilt show at the hospital twice a year, the next one to be held Nov. 10 near Coffee Central.

"One of the happiest things for me stemming from this group is the friendships that have developed over the years," says Martuza. "It's truly a wonderful thing to be a part of." ■

Epic upgrade coming Oct. 22

IN APRIL, THE MGH went live with the 2014 version of Partners eCare (Epic); and like any large system, it requires ongoing upgrades, updates and changes. Epic version 2015 upgrade is the next noteworthy change to Partners eCare and it will occur Oct. 22. These larger version upgrades will occur every one to two years, while every two to three months, there are smaller updates with new functions.

Users may have noticed that small changes and updates have been ongoing since implementation, occurring daily and weekly. Many of these get communicated through the Partners *eCare@MGH* Support Update email sent to all users every other week.

While upgrading to the 2015 version primarily involves changes mostly in appearance, there is also new functionality, including:

- **For all:** Built-in chart review filters show a user's relevant information quickly.
- **For inpatient providers:** Combined columns show more information on patient lists.
- **For ambulatory providers:** Orders can be placed directly from In Basket messages.
- **For inpatient nursing:** Past and present LDA information is now presented in chart review.
- **For ambulatory staff:** Users can stay in sync with "Pass the Baton" to see who's working on a pool message.

Prior to and during the two-week go-live, the *PeC@MGH* communications team will send emails about what to expect, links to training guides, informational videos and tip sheets on the new functionality, as well as downtime procedures during the four-hour upgrade.

Fighting the stigma of addiction

THIS SEPTEMBER, the MGH celebrated the inaugural Recovery Month as part of a nationwide campaign led by the Substance Abuse and Mental Health Services Administration. More than 30 events were held at the hospital and community health centers for patients and their families, staff and the public. With a focus on innovative care models and evidence-based treatments, the events were designed to provide hope, and an understanding that recovery is possible.

"Education is one of the most powerful ways to fight against the stigma of addiction," says Nalan Ward, MD, medical director of addiction services at the West End Clinic. "We passed out hundreds of educational brochures and pamphlets on addiction, families, teens, treatment and prevention. It was very encouraging to receive such a positive, welcoming and heartfelt response from attendees during the month's events."

The event series kicked off with Secretary of Health and Human Services Marylou Sudders, along with Peter L. Slavin, MD, MGH president, highlighting the need to fight stigma that surrounds addiction which can deter addicts from seeking and receiving the care they need. A highlight of the campaign took place on Sept. 14, when more than 50 members of the MGH community participated in the Massachusetts Organization for Addiction Recovery Statewide March and Celebration, walking from the Boston Common to Faneuil Hall. Recovery Month organizers also hosted four Narcan (nasal naloxone) trainings to educate participants about how to administer the potentially lifesaving medication during an opioid overdose.

Question-and-answer sessions followed the two Anonymous People screenings – a documentary about those in recovery across America – which provided audience members with an opportunity to hear from the hospital's recovery coaches, peers in recovery who work with patients in several health centers and primary care practices.

"The screening provided our audience with a unique window into recovery and shows it is possible to achieve," says Michael Jellison, who is part of the Street Outreach team at Boston Healthcare for the Homeless. "The interest generated by our Q+A shows how needed and important these roles are. This was a valuable opportunity for participating clinicians and recovery coaches to highlight services and educate their audiences on an epidemic that is decimating our communities." ■

Patient Safety Stars

AS PART OF THE MGH's commitment to quality and safety, *Hotline* will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations.

AIMEE TOW, STAFF PHYSICAL THERAPIST

Tow is known for her strong advocacy for patient safety – often proactively looking for opportunities to make care safer. During Wave 1A of the Partners eCare implementation, Tow saw the encounter report being generated for Physical Therapy contained patient information that was not necessary for her team to provide the best care. Realizing that this was inconsistent with the Partners privacy policy for "minimum necessary/need to know," she raised the issue with leadership, filed a Service Now ticket and a safety report. As a result of Tow's advocacy for patient confidentiality, the item was soon fixed.

JOSEPH VENTURA, OPERATIONS ASSOCIATE ON BLAKE 6

Aside from Ventura's ability to always come to work with a smile on his face, he has also proven he is willing to go above and beyond to ensure the safety of patients. He recently recognized that a patient who had called for help might be in crisis. When the staff was unable to go to the room immediately, Ventura decided to check on the patient. His instincts were correct: the patient was falling out of bed. He called for immediate help to stabilize the patient. It is this kind of quick thinking our patients depend on.

BOB YOUNG, PEDIATRIC PHARMACIST

Young is described as a staunch advocate for medication safety. In the past year, he has been a stabilizing and positive force for medication safety through transitions in the Pharmacy Department and pediatric staffing changes. Young has identified errors within the POE ordering system, identified discrepancies when completing medication reconciliation and is an active member of the PPME-Preventing Pediatric Medication Errors. Young is also known to advocate for pharmacy presence in the pediatrics most high-risk areas: the Pediatric Intensive Care Unit, the Neonatal Intensive Care Unit and the Emergency Department.

TRACEY ZACHARY, RN, EMERGENCY DEPARTMENT

Zachary is widely regarded as a role model on account of her professionalism, empathy and willingness to speak up for safety. She not only readily reports issues, but also proposes solutions and actively participates in improvement efforts. Most recently she collaborated with an Emergency Department attending physician on the SPoT Sepsis intervention, which has dramatically improved the care of patients with sepsis in the department.

CHANGE IN *HOTLINE* SCHEDULE

MGH Hotline will not publish Oct. 14 because of the Columbus Day holiday. The regular publication schedule will resume Oct. 21.

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Guralnick at center

From 5 – 65 years: MGHers celebrate service

ON OCT. 14, 3,733 employees were honored for their years of work at the MGH at the annual Ether Day celebration. A crowd gathered under the Bulfinch Tent to commemorate staff who have worked at the hospital for 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55 and 65 years, with honorees donning brightly colored ribbons and pins to distinguish them in the crowd. Special recognition was given to Walter Guralnick, DMD, of Oral and Maxillofacial Surgery, who celebrated 65 years at the MGH. "It is remarkable the level of service that so many of you have had, and how many people come out to celebrate," said Cathy Minehan, chair of the Board of Trustees. "This is such a wonderful aspect of the MGH culture, that you care for others' anniversaries as much as your own." ■

Buildings and Grounds staff

Police and Security staff show off their dance skills.

Hurricane Matthew: MGH responds

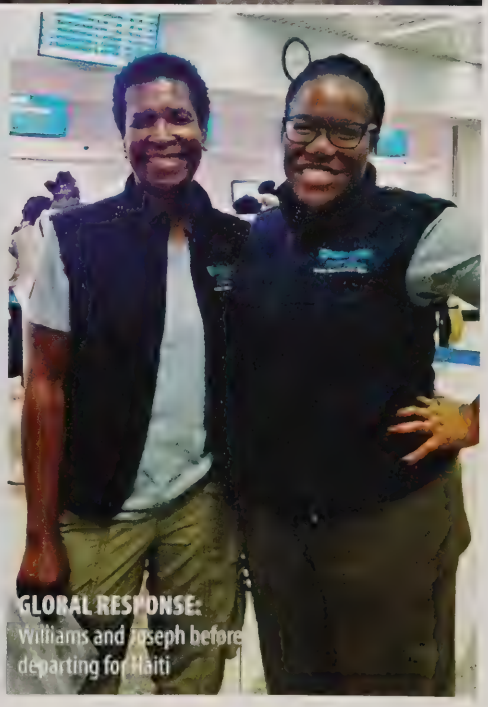
"IT LOOKED LIKE A WAR ZONE," says Lynn Black, MD, MGH internist, about Les Anglais, a town in the southern peninsula of Haiti, following Hurricane Matthew. Black traveled with the St. Boniface Haiti Foundation and was dropped by helicopter, spending eight days touring a variety of medical facilities throughout the region to assess and report out to relief organizations and the military about response efforts. "Les Anglais was completely isolated. All roads were closed. There was absolutely no access. We were the first people they had seen five days after the hurricane. They had no clean water, no food, no shelter."

The powerful storm that hit earlier this month cut a wide swath of destruction through the Caribbean and parts of the United States, leaving more than 1.3 million people in need of assistance in all forms. The hurricane was especially devastating for Haiti, with estimated deaths on the island nation climbing above 1,000. The storm left many more without the basic needs of shelter, food, water and medical care for injuries and illnesses such as cholera.

Black was one of five MGH staffers who were part of relief efforts in Haiti. Naima Joseph, MD, OB/GYN, and Joy Williams, NP, Radiology, deployed with International Medical Corps; and Maya Ginns, NP, Internal Medical Associates, and Lindsey Martin, NP, SICU, joined a Project Hope team.

In addition, 10 staff members were dispatched as part of the federal DMAT MA-1 (Disaster Medical Assistance Team for Massachusetts) to provide assistance to areas hardest hit in the United States.

(Continued on page 3)


GLOBAL RESPONSE: Williams and Joseph before departing for Haiti

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

NEW METHOD FOR TESTING BLOOD SUGAR LEVELS COULD IMPROVE DIABETES MONITORING

Researchers at the MGH have developed a new method for measuring blood sugar levels in diabetes patients that may reduce testing errors by 50 percent.

The method, which factors in the average age of a person's red blood cells, could improve the accuracy of the most commonly used A1C test.

The A1C test estimates the average amount of sugar in the bloodstream over a period of three months. Most red blood cells live for an average of three to five months.

The problem with the A1C test is that older red blood cells tend to have absorbed more sugar over time, while newer cells have soaked up less. Patients with red blood cells that live longer may show high blood sugar levels, even though their actual average levels are within the acceptable range.

By using the new formula that factors in an individual's average red blood cell age, researchers were able to correct some of the artificially elevated results that occurred in tests of patients with longer-living blood cells.

An accurate measure of blood sugar levels is crucial for diabetes patients, as persistently elevated levels can damage the heart, brain, kidneys, eyes, nerves and other organs.

John Higgins, MD, was a corresponding author of the study.

NEW STUDIES MAY UNLOCK SOME MYSTERIES OF ASTHMA

What makes an asthma attack different from an allergic reaction? Researchers may have some new clues.

They recently used an innovative new imaging tool, in combination with a new technique for investigating the allergic immune response, to determine why some individuals allergic to airborne allergens develop asthma while others do not.

In one study, researchers demonstrated that participants with mild allergic asthma have thicker smooth muscle tissue in their airway passages than participants with allergy alone. A companion study showed that the airways of asthmatic participants responded to airborne allergens with greater activation of a specific type of immune cell.

The results suggest that a combination of the contraction of thicker layers of smooth muscle, greater inflammation due to T cell activation and the secretion of sticky mucus contributes to the breathing difficulties experienced during an asthma attack.

Andrew Luster, MD, PhD, Benjamin Medoff, MD, Melissa Suter, PhD, and James Moon, PhD, all made key contributions to the studies.

MOVING SOON AFTER SURGERY MAY SHORTEN RECOVERY TIME

It may seem like common sense to have patients recovering from serious surgery get plenty of bed rest in order to recuperate.

But a recent MGH research study demonstrated that patients in surgical intensive care units who were encouraged to start moving soon after their procedures were ready to go home earlier and were better able to take care of themselves upon release.

Study participants assigned to early mobilization – who received daily mobility assessments and support in working towards daily goals – reduced their average hospital stay by three days compared to a control group. More than half of those in the movement group were also completely independent on discharge, compared with only a third of those in the control group.

Matthias Eikermann, MD, led the study. ■

100 years of caring for the heart

TONY ROSENZWEIG, MD, chief of the MGH Cardiology Division, says some visitors are confused when he says that a treadmill desk in his office reminds him of a 1920s-era doctor. But when he delves into the life and legacy of Paul Dudley White, MD – who founded the MGH Cardiac Unit in 1916 – do they see the connection. "Dr. White rode his bike to work every day," says Rosenzweig. "He preached preventive measures to combat heart disease through diet and exercise, but also mental and spiritual fitness – themes that remain extremely current today."

This month hundreds gathered to celebrate 100 years of Cardiology at the MGH, recognizing and remembering lessons from White, once dubbed "Dr. Cardiology" by *Time* magazine. "Dr. White brought the first electrocardiograph (EKG) machine to the United States in 1914, but he didn't stop there," says Randy Zusman, MD, director of the MGH Division of Hypertension. "He believed you should continue to innovate, and he spearheaded further research into the heart, helped form the American Heart Association and developed some of the first cardiac rehabilitation programs."

The centennial brought together members of the Paul Dudley White Society, an alumni association for current fellows and past and present faculty. On Oct. 14, guests were welcomed to a reception at the Paul S. Russell, MD Museum of Medical History and Innovation. They feted the department on Oct. 15 at the Westin Hotel at Copley Plaza and watched a video tribute to White featuring his former colleagues, students and the rising stars of today's Cardiology Division.

"Dr. White believed you should always put the patient at the center of your work and teaching," says Zusman.

CELEBRATING THE CENTENNIAL: Clockwise from top left, White on his beloved bike; The first EKG in the United States, seen here in the basement of the "Skin Ward" at the MGH; and from left, Peter Slavin, MD, MGH president, Roman DeSanctis, MD, director of Clinical Cardiology emeritus, and Rosenzweig.

Life's a bowl of honey at this year's Storybook Ball

MORE THAN $1.6 MILLION was raised as part of this year's annual Storybook Ball to support research initiatives and patient care programs at MassGeneral Hospital for Children (MGHfC). Some 500 guests attended the whimsical "Winnie-the-Pooh"-themed event on Oct. 15 at The Castle at Park Plaza in Boston, which was transformed into the Hundred Acre Wood.

JP'S TRIP TO THE HUNDRED ACRE WOOD: From left, Heidi Pfeifer, RD, LDN, Jack Peters, JP, Gina Peters and Thibert

The evening's program spotlighted the field of medical genetics at MGHfC. "The Genetics and Metabolism Program is at the forefront of advances in genetics that are helping physicians better understand the basis of many health conditions and allowing the hospital to deliver more personalized care," says David Sweetser, MD, chief of Medical Genetics.

During the event, attendees were introduced to 10-year-old John "JP" Peters and his parents – Jack and Gina Peters – from Haymarket, Virginia. When JP was 6 months old, he was diagnosed with a complex genetic condition known as Duplication15q Syndrome, which causes seizures. By the time JP was 5 years old, he was having several dozen seizures a day, which significantly affected his development and his ability to communicate. His family feared he would not make it to his sixth birthday.

They were then connected with Ronald Thibert, DO, director of the Dup15q Clinic at MGHfC, who placed JP on a high-fat, low-carbohydrate diet – known as the ketogenic diet – to treat his seizures. Almost immediately, the family says, they saw a break in JP's seizure pattern. After four months on the diet, JP was having just a few seizures a day and was able to stand with support and make eye contact with his family.

With his seizures under control, JP has made significant developmental strides, including learning to walk with support and communicating via an iPad. JP's parents marvel at how far he has come in the past five years. "If it wasn't for Dr. Thibert, I honestly don't know that JP would be here today," says Gina Peters.

A warm welcome

WENDY WOODEN and her mother, Darcy Daniels, are very familiar with MassGeneral Hospital for Children's (MGHfC) Emergency Department and inpatient units. Wendy was diagnosed at age 3 with hemolytic uremic syndrome (HUS), caused by an *E. coli* infection, and has a complex medical history including heart failure, kidney and pancreatic damage that required a kidney transplant and a partial intestinal removal at age 5.

While Wendy, now 12, is a frequent patient accustomed to beeping machines and procedures, she says she still gets overwhelmed by urgent trips to the hospital. In 2014 – when a neighbor called for advice about what to expect when her two children were going to be in the hospital – Wendy realized that other children, less experienced with medical treatment, may feel similar anxieties.

With the help of her mother, Wendy wrote "You Are Here: Wendy's Welcome to the ED," a guide to what fellow pediatric patients can expect during an emergency room visit and how to foster communication between parents and providers.

"We've learned a lot over the years from the compassionate care we've received from Wendy's team of doctors, nurses and other staff members," says Daniels, who also is a member of the MGHfC Family Advisory Council. "We wanted to share those lessons so other patients and families can get the best care possible while cutting down on stress and worry."

The project gained new life recently thanks to Payette, a Boston-based architecture firm, which transformed the story into an animated video. It provides step-by-step introductions about what to expect during trauma care and highlights the department's child-focused features, including televisions, iPads, toys and bright artwork in the rooms.

"Our jobs require us to treat acute illness and injury, but as doctors, we also realize the need to address potential stress and anxiety in kids who require an emergency visit here," says Ari Cohen, MD, division chief of MGHfC Pediatric Emergency Medicine. "'Wendy's Welcome to the ED' is one more tool in our educational toy box that we can offer to kids and their families to ease their fears."

Visit *Hotline* online to view the video. ■

— *Hurricane*

(Continued from page 1)

The DMAT team comprises: Lisa Anahory, RN, ED; Paul Biddinger, MD CDM/ED; Ellen Blanch, RN, SICU; Allison Curtis, RN, SICU; Robert Droste, RN, Burn ICU; David Mather, CDM; Craig Nally, PA, ED; Jacky Nally, RN, CDM; Eileen Searle, RN, MGH Institute; and Monica Staples, RN, CDM/ED.

"The consequences will be far-flung," said Hilarie H. Cranmer, MD, director of Disaster Response, MGH Center for Global Health. "It's important to remember we need to help people recover from this event now, but also in the days, weeks and months to come."

The Beach Boys headline benefit concert

ON NOV. 7, The Beach Boys will headline the fourth annual Mission: Gratitude benefit concert for Home Base, a Red Sox Foundation and MGH Program. This year's event takes place at Agganis Arena at Boston University and will include opening remarks by Medal of Honor recipient Sgt. Kyle White.

Earlier this week, The Beach Boys lead singer Mike Love visited Home Base to show his support and learn more about the organization's efforts in healing the invisible wounds of war – including post-traumatic stress and traumatic brain injury – for service members, post-9/11 veterans and military families.

"As a band, we hear so many stories about how much our music has meant not only to veterans and service members during their deployment, but also their families back home," says Love. "We don't have many opportunities to thank our brothers and sisters who have done so much to protect our freedom. We are honored to lend our voices to Mission: Gratitude and support an organization transforming the lives of our 21st century veterans and their families."

On Nov. 11, Home Base will air a two-hour Veterans Day TV Special from 7 to 9 pm. Massachusetts viewers can tune into WCVB-TV, and New Hampshire residents can watch on WMUR-TV.

For more information visit *missiongratitude.com.* ■

AMERICA'S BAND FOR AMERICA'S HEROES: The Beach Boys will perform at Mission: Gratitude on Nov. 7.

National Hospital and Health-System Pharmacy Week

THE DEPARTMENT OF PHARMACY celebrated National Hospital and Health-System Pharmacy Week, Oct. 16-22, with a variety of events to recognize the 400 Pharmacy team members – including pharmacists, technicians and numerous support teams – for their dedication to the MGH and patient care.

"With the ongoing transformation of the department and our recent Partners eCare implementation, our team has been outstanding in remaining flexible and ultimately focused on providing a higher level of pharmacy services for our colleagues and patients," says Christopher Fortier, PharmD, FASHP, MGH chief Pharmacy officer.

Throughout the past year, the Department of Pharmacy has worked to optimize the Epic system, expanded the "meds to beds" program, rolled out a pediatric oral solution exact dose program, initiated numerous medication cost-saving projects and developed a new department strategic plan. Fortier says in the year ahead the department plans to implement a new organizational structure, expand its residency program and place pharmacy technicians on patient care units to act as liaisons between Pharmacy and Nursing.

Honoring hand hygiene champions

HAND HYGIENE excellence at the MGH was recognized and celebrated during the annual Infection Prevention Week, Oct. 16-22. The hospital has a number of approaches to maintaining best hand hygiene practices, including a designated group of hand hygiene "champions" – leaders who encourage compliance and educate their peers about proper technique. Members of the Stop the Transmission of Pathogens (STOP) Task Force, pictured at right, recently assembled and delivered 200 gift bags to these champions in appreciation of their efforts to protect patients against infection by promoting hand hygiene excellence every day.

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

HALLOWEEN-INSPIRED EDITION FEATURING FRIGHTENING AND FASCINATING HISTORY AND SCIENCE

The flesh and bones of Dr. John Collins Warren

DR. JOHN COLLINS WARREN (1778-1856), renowned surgeon and co-founder of the MGH, is buried at tranquil Forest Hills Cemetery in Jamaica Plain, but he also is sequestered in a closed, coffin-like box in storage at Harvard's Warren Museum. How can that be possible? The disposition of his body was unclear for many years, but recent research has unearthed the facts.

Warren left precise instructions in a letter to his son about what should be done with his "mortal remains after the spirit has quitted them." He wanted his body taken to Harvard Medical School (where he taught for 38 years) to be "examined or dissected [and] any morbid parts ... carefully preserved." He further instructed that his bones were to be "whitened, articulated, and placed in the lecture room of the Medical College, near [his] bust" as "a lesson useful ... to morality and science." Warren's skeleton is indeed at Harvard in the anatomical museum that he founded, but his descendants allow the box to be opened only for family members. Dominic Hall, curator of the Warren Anatomical Museum, explains that the historical files have no records of how this came to be, but it is a tradition the museum still honors.

A marker in the Warren family plot at Forest Hills bears the name "Johannes Collins Warren," but it was incorrectly assumed by most observers (aware that his skeleton was at Harvard) that the name was merely there as a token of remembrance. My own high school Latin was not equal to the task of translating the inscription on the Warren stone *(Animae vestis carnea hoc tumulo conditur),* but I now know (with the help of a classicist) that it means: "The fleshy clothing of the soul is buried in this grave."

Warren bought the plot in 1852 and pre-arranged for several long-deceased

(Continued on page 4)

Using science to scare for a good cause

THE VICTORIAN HOME on Washington Park in Newton might look ordinary from the outside, but tonight (Oct. 28) it will be transformed into a world filled with vampires, ghouls, skeletons, witches, spiders and eyeballs.

That house is the home of Lisa Feldman Barrett, PhD, a research scientist in the MGH Department of Psychiatry who runs the Interdisciplinary Affective Science Laboratory. Barrett's lab studies emotion and how different emotions – fear, anger, sadness – are formed in the brain.

Every Halloween Barrett hosts Sophia's Annual Haunted House in her stone basement. Going on its 12th year, 100 percent of proceeds from ticket sales are donated to the Greater Boston Food Bank. The original idea for the haunted house came from Barrett's daughter, Sophia, now 17 years old.

Although the haunted house can be scary, blood and gore are left at the door.

(Continued on page 2)

— A good scare

(Continued from page 1)

Barrett and her nearly 20 postdoctoral fellows and graduate students, whom she recruits as actors to play monsters and vampires, use an interesting method to scare their guests: They use what they know from scientific research.

"We use it as a team building exercise," Barrett says. "The whole thing is choreographed without gore and we don't rely on those cheap, gory decorations. It's so easy to startle people with blood and guts, and we find that to be like cheating. We try to use the science of emotion to scare."

For example, researchers have found that feeling uncertain about whether something is alive is extremely arousing. Heightened arousal – when experienced in a haunted house or on a roller coaster – is experienced as fear. Though it is not responsible for triggering fear, the amygdala is a structure in the brain that controls arousal and uncertainty, and is also very sensitive to sclera (the whites of the eyes). Therefore, Barrett and her monsters cut out the eyes of their Halloween masks so the human eyes of the wearer are seen clearly.

HAUNTED HAPPENINGS: Barrett and Sophia with their ghoulish gang

"We pose monsters and ghouls so it is uncertain whether or not they are alive," Barrett says. "And, using timing to maximize surprise, the monsters and ghouls grab a visitor's attention by flashing the whites of their eyes. All this enhances arousal in the visitor, setting the stage for fear."

To cater to all ages who attend the haunted house, there are three levels of scary. "No scares" mean actors stand still, act friendly and will unmask if asked; "medium scary" is when actors move in creepy ways; and "super scary" is when anything goes and actors can jump out and surprise attendees.

The charity haunted house typically raises between $2,000 and $3,000 and garners a crowd of about 450 people each year. In previous years the event has included a witch's coven and dead Snow White coming to life. This year, patrons can look forward to a haunted dinner and a bat cave with vampires. Attendees need not worry: No ghouls will go hungry at this haunted house.

"Neighborhood restaurants donate money to feed the monsters so they don't eat the patrons," Barrett says. "It's really a community event."

Museum mysteries: M

BEHIND THE SCENES at the Paul S. Russell, MD Museum of Medical History and Innovation at the MGH, there sits a box labeled "Collection of nursing bottles, breast pumps and nipple shields." These baby nursing supplies are similar to those of a contemporary hospital nursery except these artifacts date to the late 19th century, when bottle feeding was a brand-new concept. The little glass bottles were meant to ease the burden of child care that Victorian mothers faced. Often sporting such whimsical names as "Feed The Baby" and "Mummie's Darling," the bottles were patented and introduced in the late 1800s. Although many women continued to breastfeed, bottle feeding became a way to help those mothers who were unable to breastfeed, could not afford a wet nurse, or who wanted the freedom of not having to be accessible for feeding 24 hours a day – as well as wrestling multiple times throughout the day with a restrictive corset.

A 19th centu

The bottles worked simply. After the banjo-shaped bottle was filled with liquid, often cow or breast milk, a long rubber tube was inserted through a stopper in the bottle's thin neck. The section of the tube outside the bottle was fitted with a rubber nipple. The shape of the bottle and the length of the tube allowed a child to hold and eat from the bottle without help, giving mothers freedom to take care of other household duties.

With this modern convenience, however, came untold tragedy. Infant mortality rates during the

Historical oddities: Strange medical tools

LONG BEFORE the days of Cal-Stat, medical lasers and microscopes, before any high-tech monitors, scanners and machines, medical professionals used simple devices in the care and treatment of patients. Looking back throughout history, doctors and scientists experimented with some pretty strange and eerie – by today's standards – tools. The Paul S. Russell, MD, Museum of Medical History and Innovation has an archive of some creepy – yet fascinating – surgical artifacts. Eight are presented here. For those interested in learning more about MGH's history, the museum is open Monday – Friday from 9 am – 5 pm.

ANEURYSM NEEDLE C.1840-1880
This blunt-tipped curved and ridged needle with the eye at the point is used for passing ligatures around aneurysms or vessels. The gold-decorated ivory handle has ridges carved into the edges to prevent slippage.

BALFOUR ABDOMINAL RETRACTOR C. 1950
The stainless steel retractor – missing its center blade – was used to retract wound edges during abdominal procedures.

Having a horrible time – and loving it

"DON'T OPEN THAT DOOR!"

"Run AWAY from that ominous sound, not toward it!"

"Why are you walking and not running?!"

For people who enjoy horror movies, chances are they – or someone they're watching with – has called out these things. So why do so many people love being scared?

The strength of a horror film is its depiction of regular people undergoing extraordinary ordeals, something we can all identify with psychologically, says MGH's resident horror expert Steve Schlozman, MD, associate director of the Clay Center for Young Healthy Minds, who also teaches an undergraduate seminar focusing on horror films and stories at Harvard College.

DAY OF THE UNDEAD: Scholzman with a few zombie friends

"The data on why certain types of people like horror is limited but pretty interesting," says Schlozman. "Horror is popular among people who enjoy the experience of being scared – who literally get revved up in terms of heart rate and breathing rate during the film – but who also like to solve the puzzle of why they're scared in the first place."

Brains, Schlozman says, love puzzles, which are an adaptive mechanism our brains undertake so we can stay out of danger. "When you're scared, such as when watching a horror movie or sitting on a roller coaster, you can trigger two types of responses. The first is the fight-or-flight response, which sits in the lower crevices of the brain – primarily the amygdala. This area is evolutionarily primitive and creates a surge of adrenaline. Your heart rate increases. Your breathing increases. In other words, your brain is preparing you for survival mode and everything else can wait."

The second type of response is more complex, he adds. "It still has that fight-or-flight response, but then it kicks that response north to the more sophisticated regions of the brain in order to reasonably assess the threat."

So how does a horror expert pick his favorite horror movie? "There are so many! How much time do you have?" says Schlozman. ■

Zombies, more than scary?

ZOMBIES – fictional beings appearing as reanimated human corpses – have been around since the early 1800s in literary works and have appeared in film since the 1930s. Schlozman, who also authored the book *The Zombie Autopsies*, explains what can be learned about the brain through zombie culture.

WHY DO PEOPLE LOVE ZOMBIES SO MUCH?

They're empty shells, and as such we can project onto them all of our unbridled feelings. They remind us that most of what makes us angry isn't about us. The guy you're stuck behind in the DMV isn't fumbling to find his old license to make you mad. You just happen to be behind him. That's a lot like a zombie's desire for flesh. It doesn't care whose flesh. There's nothing special about your flesh if a zombie eats you. It's just that you happen to be there. None of us is special or unique to a zombie.

WHAT PARTS OF THE BRAIN WOULD BE MOST SUSCEPTIBLE TO INFECTION IN A ZOMBIE APOCALYPSE?

If you're hungry, the ventro-medial part of the hypothalamus is involved. If you can't think, the frontal cortex takes a hit. If you shamble, the cerebellum and the basal ganglia are off. Finally, if you are in attack mode, that amygdala has got to be revved up, which provides us with our primal instincts.

The brain on fear

HAUNTED HOUSES, hayrides and mazes are all designed to induce fear – a fear most people willingly accept when they enter one of these scary situations. During these episodes one may experience an adrenaline rush, cold sweat and flushed cheeks – but what does a person's brain look like when it is fearful?

"Our brains detect fearful events or stimuli and react quickly to either help us run away from the fearful thing we encounter or fight it if we can't run," says Mohammed Milad, PhD, MGH Department of Psychiatry researcher. "Since childhood, we learn to fear certain situations, actions or behaviors. We learn that bears are dangerous and to either run away or remain at high alert when walking in the woods where bears may be around."

Brains can distinguish and not induce a fearful response if the context is appropriate. If a person sees a bear in the zoo, and it is far away from them with no chance of it attacking, then the person may simply enjoy its majestic size and power. The same applies for Halloween. "Seeing someone

wearing a scary clown mask on Halloween is fun, and while you may be scared, you can still control it and enjoy," Milad says. "But if you were to see someone with the same mask on a Tuesday evening in March with no context, your response would be completely different."

Milad's research seeks to answer if people can learn not to fear. The ventral medial prefrontal cortex works to regulate and control fear, and in patients with anxiety disorders, this brain region appears not to be as active as it should. Milad's team is working to find new ways to improve the activation of this brain area to help advance treatments for anxiety.

"Fear is adaptive and important for survival," Milad says. "Without it, we would become extinguished through risky behaviors such as not being afraid of a bear when you walk in the woods. That said, fear becomes unhealthy when it becomes excessive and an impediment to our daily lives. This excessive fear comes from your brain and is no different from other illnesses we experience." ■

— A good scare

(Continued from page 1)

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Museum mysteries: Murder bottles

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A 19th century baby bottle

The bottles worked simply. After the banjo-shaped bottle was filled with liquid, often cow or breast milk, a long rubber tube was inserted through a stopper in the bottle's thin neck. The section of the tube outside the bottle was fitted with a rubber nipple. The shape of the bottle and the length of the tube allowed a child to hold and eat from the bottle without help, giving mothers freedom to take care of other household duties.

With this modern convenience, however, came untold tragedy. Infant mortality rates during the late Victorian era were high, with fewer than two babies of every 10 surviving until 2 years of age. While providing sustenance, these bottles also delivered poison to many of the babies. Bacteria of all kinds flourished in the difficult-to-clean hoses, and the design of the bottles, unlike those of the more open household bottles and jars, also provided breeding grounds for molds and diseases.

Even the Victorian age Martha Stewart wasn't helpful. Isabella Beeton was a household management guru and her 1861 book, *Mrs. Beeton's Household Management*, provided counsel on everything that the busy lady of the house needed to know about child rearing, and how to keep her household in tip-top shape. When it came to baby bottles, this domestic expert advised that washing nipples every two to three weeks was sufficient. Unfortunately, the impure environment of the rubber nipple allowed for even more bacteria to grow with abandon, and added to the contaminated bacteria already collecting in the bottles.

By the time Buffalo, New York outlawed the bottles in 1897, they had acquired the moniker "murder bottles." After widespread condemnation by medical communities in the U.S. and abroad, many other cities and states followed suit. Surprisingly, however, the bottles continued to be available and popular until the 1920s as the promise of independent feeding remained appealing.

— Michelle Marcella, manager of the Russell Museum

MGH's rue morgue

"THIS ONE'S really for Allen Street."

It is a phrase universally heard and understood throughout the halls of the MGH, though remains a mystery to some, as no "Allen Street" exists around the hospital. In 1874, however, one did.

The Allen Street House, built in 1874, was a brick building north of Bulfinch West that was used not only as the autopsy building but also doubled as a mortuary. For the 60 years that Allen Street existed, according to Webster Bull in *Something in the Ether*, it had a morbid connotation. In 1896, a new pathology building was added alongside it, intensifying the association. Only two openings existed to the building, a small door for workers to pass through and a larger door for hearses.

Although it no longer physically exists – Blossom Street lies where Allen Street was – it remains a common reference when a patient is taken to the morgue.

Ode to Allen Street

Canto III

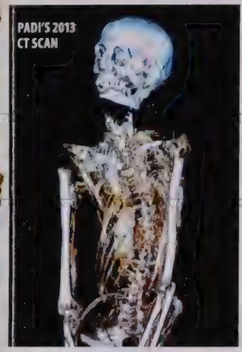
But let us speak of Allen Street – that strangest,
darkest turn,
Which squats behind a hospital, mysterious and stern.
It lies within a silent place, with open arms it waits
For patients who aren't leaving by the customary gates.
It concentrates on end results and caters to the quest
Who's battled long with his disease and come out
second best.
For in a well-run hospital, there's no such thing as death.
There may be stoppage of the heart, and absence
of the breath –
But no one dies! No patient tries this disrespectful feat.
He simply sighs, rolls up his eyes, and goes to
Allen Street.
Whatever be his ailment – whate'er his sickness be,
From "Too, too, too much insulin" to
"What's this in his pee?"
From "Gastric growth," "One lung (or both)," or
"Question of Cirrhosis"
To "Exitus undiagnosed," or "Generalized Necrosis" –
He hides his head and leaves his bed, and covered
with a sheet,
He rolls through doors, down corridors, and goes to
Allen Street.
And there he'll find a refuge kind, a quiet sanctuary,
For Allen Street's that final treat – the local mortuary.

— By Lewis Thomas in the 1937 edition of the HMS yearbook, the *Aesculapiad*, taken from *Something in the Ether*

The mummy at the MGH

ON MAY 21, 1823, an advertisement was printed in a Boston newspaper, inviting the public to take a close-up look at "The Egyptian Mummy." *This curious relic of antiquity, together with the sarcophagi in which it was contained when taken from the catacombs of ancient Thebes, is to be seen at Doggett's Repository of Arts, No. 16, Market Street. The proceeds of the exhibition, after deducting two hundred dollars for the Boston Dispensary, will be appropriated to the Massachusetts General Hospital. Price of admission 25 cents.*

Earlier in the month, the MGH received from the city of Boston the mummy, complete with painted wooden inner and outer coffins. The ensemble had been given to the city by Jacob Van Lennep, a Dutch merchant living in the Greek city of Smyrna in the early 19th century. It is thought that Van Lennep, who was also the counsel general of the Netherlands, bought the mummy as a gift to Boston as a way to impress his native New England in-laws. The mummy had arrived in Boston on April 26, 1823, on the British ship the *Sally Ann*. He was placed under the care of the ship's captain, Robert B. Edes, along with Bryant P. Tilden, Esq., who ultimately made the decision to give the mummy to MGH.



Padihershef – as he would later be identified – spent the next year traveling in a multi-city tour of the East Coast, raising an estimated $1,200 for patients of the MGH. Upon his return to the hospital, he was displayed in the historic Ether Dome, where he has remained for nearly 200 years. For more than a century, little was known about the MGH's most popular resident; however, examination of hieroglyphics on his coffin suggested Padi was a 40-year-old stonecutter from the Necropolis in Thebes who lived some 2,500 years ago. More recent medical information now estimates Padi was between 20 and 30 years old and was instead a "tomb finder" or prospector – someone who looked for spaces in the Theban necropolis that could serve as burial spaces.

Padi has been studied throughout his time at the MGH – first by John Collins Warren, MD, cofounder of the MGH and its first surgeon (*read more about Warren on page 1*) – and later through X-ray examinations conducted in 1931 and 1977. He underwent extensive restoration by experts in 1984. In 2013, Padi received an additional restoration and a full-scale medical investigation, including full body CT scanning, which produced many details about Padi's life that were previously unknown.

THE EGYPTIAN MUMMY.
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Price of Admission 25 Cents.
May 21 eptmf

Padihershef is on display in the Ether Dome and can be viewed by the public weekdays from 8 am to 5 pm. ■

— Flesh and bones

(Continued from page 1)

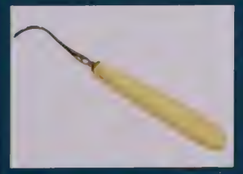
family members buried elsewhere to be exhumed and re-interred in a newly constructed underground vault beside his own morbid parts. The shuffle occurred in August 1856. All of the remains now in the vault are contained in urns – the older ones because they were "repackaged" after decades of moldering in the ground; and Warren's because the dissection and subdivision of his body made the parts destined for Forest Hills amorphous and compact.

Medical historians and other admirers of the famous surgeon can now locate his "mortal remains" to pay their respects, but one mystery remains: Who determined that his skeleton should remain out of public view? ■

—Jeff Mifflin, MGH archivist

Historical oddities: Strange medical tools

LONG BEFORE the days of Cal-Stat, medical lasers and microscopes, before any high-tech monitors, scanners and machines, medical professionals used simple devices in the care and treatment of patients. Looking back throughout history, doctors and scientists experimented with some pretty strange and eerie – by today's standards – tools. The Paul S. Russell, MD, Museum of Medical History and Innovation has an archive of some creepy – yet fascinating – surgical artifacts. Eight are presented here. For those interested in learning more about MGH's history, the museum is open Monday – Friday from 9 am – 5 pm.



ANEURYSM NEEDLE C.1840-1880
This blunt-tipped curved and ridged needle with the eye at the point is used for passing ligatures around aneurysms or vessels. The gold-decorated ivory handle has ridges carved into the edges to prevent slippage.

BELFOUR ABDOMINAL RETRACTOR C. 1950
The stainless steel retractor – missing its center blade – was used to retract wound edges during abdominal procedures.

BENJAMIN BELL TREPHINE C. 1801
Trepanning involves cutting holes in the skull, which many felt helped release diseases and "bad spirits" from the body. Trephines, used to drill the holes, came in all forms. This T-shaped drill replaced an earlier version that resembled a carpenter's brace and bit. The center pin on the stem enabled the pin within the circular saw (see teeth) to be adjusted during sawing to prevent damage to the brain tissue.

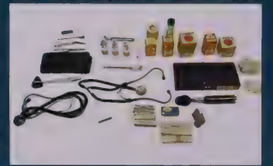
BIGELOW IMPROVED LITHOTRITE C. 1890
Lithotrites were used for crushing stones in the bladder. The long female blade is inserted into the bladder through the urethra. A mechanism in the handle provides a way for the heavily notched male blade to clamp onto the stone to extract it from the bladder as the instrument was removed from the body.

BLOOD TRANSFUSION APPARATUS C. 1880
This early blood transfusion apparatus collected the blood of the donor into an attached metal cup (not shown) that was then pumped directly into the recipient.

COLLIN LARYNGEAL FORCEPS C. 1920
There are many varieties of forceps, with many types found in all specialties. These curved metal forceps were used for operations and procedures involving the larynx, known more commonly as the voice box.

RED ADAPTATION GOGGLES
Before the late 1950s, dark adaptation goggles were used so radiologists could adapt to the light produced by fluorescent screens during fluoroscopic procedures. They were invented by Wilhelm Trendelenburg in 1916.

DOCTOR'S BAG C. EARLY 20TH CENTURY
When a physician made a house call, there was no telling what might be needed to treat a patient. The doctor's bag contained a host of products, instruments and tinctures. This bag included two stethoscopes; dressing forceps; bandage scissors; metal clips; glass vials; and a glass syringe with needle in glass case with cotton ball stopper.



Creating organs – one cell at a time

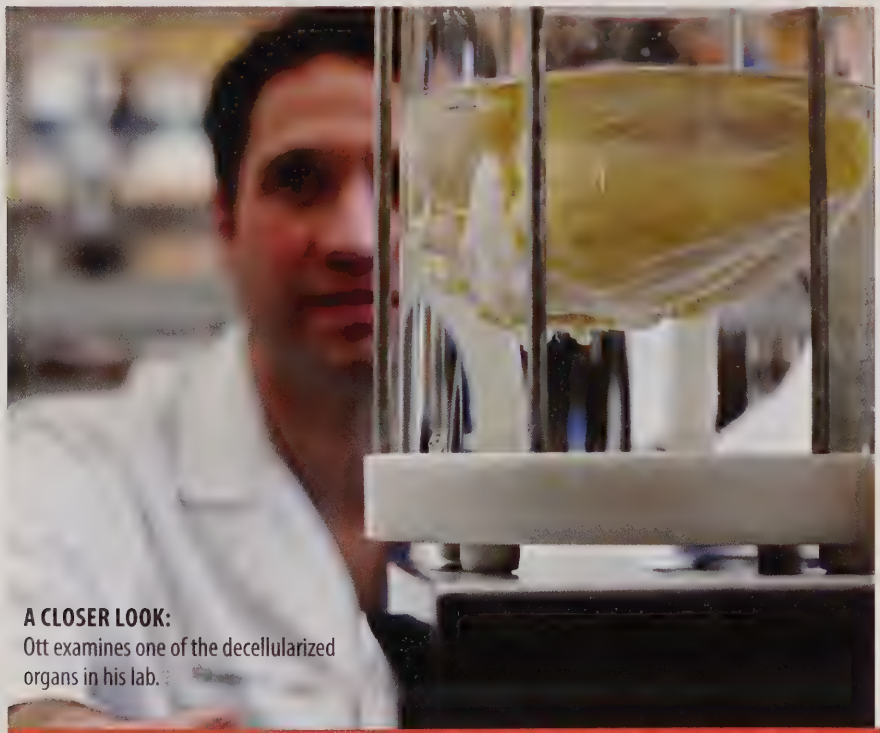
ON ANY GIVEN DAY in the Ott Lab at the MGH a number of studies are underway. Bioreactors, each with an organ inside, are hooked to complicated networks of tubes carrying special solutions into the organ's cellular scaffolding. This is the world of Harald Ott, MD, a thoracic surgeon who leads the lab's activities. Ott's hope is that one day the discovery of how to create organs for a multitude of medical benefits will emerge.

Ott's clinical practice brought him to the field of organ regeneration. "As a physician, it can be heartbreaking to work with patients in organ failure because you realize at some point there is nothing else left for options," says Ott. "After starting my training, I began to realize our tools to treat patients suffering from heart failure, end stage lung disease, and kidney failure are extremely limited. As we get better at treating acute diseases and injuries, more patients will develop end-stage organ failure and require innovative solutions."

Ott and his research team are working to generate replacement tissues and organs on demand. For example, patients diagnosed with kidney or heart failure could have some of their cells harvested to engineer replacement kidneys. The impact would be two-fold: patients would not have to wait years for an organ transplant and also would not require immunosuppressants to prevent rejection.

The secret lies in the organ's extracellular matrix. "You can think of this as scaffolding in each organ, which can be likened to a construction blueprint," says Ott. "Cells, as the smallest living units, live in the scaffolding like people live in a building, and together they make our tissues and organs work. We base our regenerative efforts on native matrix, the original blueprint on which organs were built. We then move the old and damaged cells out, and bring the new ones in, creating a healthy organ."

Recently, the Ott Lab has brought scaffolds to human scale, so researchers now can generate blueprints of human hearts, lungs, kidneys and extremities. The team now is working on driving human stem cells to form functional tissue on these scaffolds, and to develop transplant protocols, to prepare for clinical application. "While we are still years away, we have moved from small-scale research in animal cells to human-scale research across cells in several organ systems," says Ott. ■



A CLOSER LOOK:
Ott examines one of the decellularized organs in his lab.

What is a psychopath?

"SOCIETY'S RESPONSE to psychopaths is equal parts fascination and horror." The reality of psychopathy is less B-horror movie and more about someone who meets very specific clinical diagnostic criteria, says Ron Schouten, JD, MD, director of the MGH Law & Psychiatry Service and co-author of *Almost a Psychopath*.

SCHOUTEN

So what exactly is a psychopath? "Psychopathy is a psychological condition that is essentially an extreme form of antisocial personality disorder, marked by characteristic behaviors and internal emotional experiences," he says. "Some of the most common symptoms include a lack of empathy for others, manipulative behavior and disregard for the difference between right and wrong."

Psychopathy can be diagnosed by using one of several diagnostic instruments, the most famous of which is the Psychopathy Checklist Revised (PCL-R). "The PCL-R has 20 items which can be scored as zero (not applicable), 1 (possibly present or present in some situations), or 2 (definitely present) based on the person's behavior and responses," says Schouten. "The maximum score is a 40, and anyone who scores between 30 and 40 is considered a true psychopath."

Even people who have fewer symptoms – scoring between 20 and 30 – can exhibit extremely problematic behaviors that cause distress and harm to those around them, Schouten says. It is estimated that about 1 percent of the U.S. population meets the criteria for psychopathy, meaning there are more than 3 million psychopaths nationwide. About 15 percent of the population meets the criteria for subsyndromal psychopathy – or serious symptoms and problematic behavior – but fall short of a full diagnosis. One interesting fact, says Schouten, is while psychopaths make up about 15 to 30 percent of the prison population, they account for 50 percent of crimes.

Further complicating the understanding of psychopathy are a number of common myths, including that all psychopaths are serial killers, or routinely engage in acts of violence. Research shows many psychopaths are never violent; instead, their psychopathy takes the form of manipulating and taking advantage of others. Another myth, says Schouten, is that psychopaths are evil geniuses, with higher IQs than the general population. "The myth of superior intellect may be the result of the abilities of psychopaths to manipulate others, but in reality it is simply about street smarts rather than intellectual gifts."

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Boston Police honor MGH trauma team

ON NOV. 3, the Boston Police Department honored the MGH trauma team for providing exceptional care to two Boston police officers who were wounded in a shooting in East Boston last month. Officer Matt Morris and Officer Richard Cintolo were both recently discharged from the MGH and continue to recover from their injuries. During the ceremony, Boston Police Commissioner William Evans presented the MGH with a special "Commissioner's Commendation" recognizing the dedication and skill of the many staff members who cared for the officers throughout their stay. George Velmahos, MD, PhD, chief of the Division of Trauma, Emergency Surgery and Surgical Critical Care, and David King, MD, trauma surgeon, accepted the honor on behalf of the trauma team. Pictured, from left, Evans, Velmahos, King, Boston Police Capt. Kelly McCormick, Superintendent-in-Chief William Gross and Superintendent Bernard O'Rourke. ■

Phillips 20 nurses receive Disability Champion Award

ON OCT. 25, four nurses from Phillips House 20 were honored with the Employee Disability Resource Group's Disability Champion Award – given to individuals who strive to make the MGH more accessible. Ali McConville, RN, Lindsey Ledoux, RN, Jennifer Murphy, RN, and Sophia Harden, RN, were recognized for their work to make Phillips 20 more welcoming for adult patients with autism spectrum disorder.

Jennifer Sargent, RN, director of Phillips 20, nominated McConville and Ledoux for their efforts.

"They demonstrated great commitment when our first patient was admitted to the floor," wrote Sargent in her nomination. "They quickly understood that an individualized

(Continued on page 4)

POWERFUL PATIENT CARE:
The Phillips 20 nurses with Jeanette Ives Erickson, RN, DNP, left, and Theresa Gallivan, RN, far right

Teaming up to find treatments for rare diseases

WHAT IS THE FASTEST WAY to develop new treatments for patients with rare diseases? In a word, teamwork.

That was the consensus that emerged from an hour-long panel discussion on rare disease research hosted by the Division of Clinical Research during Clinical Research Day Oct. 6.

"By their very definition, rare diseases have limited resources and we all have to partner together to move them forward," said Florian Eichler, MD, director of the MGH Center for Rare Neurological Diseases.

Eichler was joined on the panel by Chris Adams, PhD, MBA, from Cydan Development; Susan Kahn, a patient advocate from the National Tay-Sachs and Allied Diseases Association; Maria Lopez-Bresnahan, MD, MBA, vice president of Neurology Clinical Development at Vertex Pharmaceuticals; and Philip Reilly, MD, JD, a venture partner at Third Rock Ventures.

As defined by the National Institutes of Health, a rare disease is one that affects fewer than 200,000 people across the United States. There are almost 7,000 rare diseases affecting more than 25 million Americans and their families. Treatments are only available for approximately 500 of the ailments.

Because the diseases are rare, there is often little known about their symptoms, progression and potential treatment targets. Drug companies are frequently reluctant to invest money in rare disease treatment.

To overcome these challenges, researchers, patient groups and members of industry must open up clear lines of communication, share information pre-competitively, and build trust and understanding, the panel participants said.

"Our greatest chance for success in developing drugs comes from partnering and pooling resources," said Lopez-Bresnahan. "In particular, the model can be very powerful when industry can collaborate in a pre-competitive type of space so we are combining initiatives, moving forward more efficiently and helping to get the fundamental research that will serve as the basis for drug development. That is what I see as success."

PARTNERING FOR CURES: Eichler speaks on the panel about rare dis[illegible].

Chelsea Research Day

THE FIRST MGH Chelsea HealthCare Center Research Day was held Oct. 7, sponsored by the MGH Chelsea Research Program, which promotes community-based research at the center to improve clinical practice and health outcomes for a diverse patient population.

REGALING RESEARCH: From left, Alex Johnson, PhD, CCC-LP, Natal[illegible]ain Ross, Claribel Polanco and Em[illegible]

"Our goal for the Research Day was to showcase the depth and breadth of research activities ongoing at the MGH Chelsea HealthCare Center," says Julie Levison, MD, infectious disease specialist and co-chair of the Chelsea Community Research Council. "The research highlighted the active partnerships with local community organizations as well as across Chelsea HealthCare Center disciplines."

The morning events began with a group poster discussion with community members followed by a keynote presentation and question-and-answer session with Margarita Alegria, PhD, chief of the Disparities Research Unit in the Department of Medicine. The keynote address led to a lively discussion about shared decision making in multicultural populations and the future of patient-centered health care. Support for the event was provided by MGH Chelsea Administration and the Mongan Institute for Health Policy. ■

Benefits Open Enrollment – now through Nov. 22

OPEN ENROLLMENT for your 2017 health and wellness benefits has begun. A packet of information about changes/offerings has been sent to your home/mailing address. If you have not received it, please call the Benefits Office at 617-726-8133.

Whether you want to make changes to your benefits for 2017, it is important that you log onto PeopleSoft eBenefits to review and update your information. In particular, be sure to:

1. Update your health, life and other employee benefits for 2017. If you choose not to enroll in medical coverage for 2017, you must choose "opt-out" in PeopleSoft.
2. Add/update dependents covered by your plan. Enter Social Security numbers of your dependents in PeopleSoft – a new Affordable Care Act requirement.
3. Enroll in a 2017 Flexible Spending Account.
4. If you are currently enrolled in Harvard Pilgrim or Tufts Health Plan, you must choose a new plan for 2017. These plans will not be offered after December 31.
5. You can review your personalized 2017 rate sheet, a medical plan comparison chart, enrollment guide and other materials by visiting the Open Enrollment page on the HR Intranet: *http://hr.partners.org/mgh/2017-open-enrollment.aspx.*
6. To enroll, log on to PeopleSoft. Once you have logged on, view your Benefits Enrollment information by clicking: HRMS Production > Main Menu > Self Service > eBenefits >Enrollment > Benefits Enrollment.

For more information about your benefits, please contact the Partners Benefits Office at 617-726-8133 or by email *ibenefits@partners.org.* Physicians and PhDs can contact their benefits consultant, listed in the Open Enrollment packet. ■

A look at human behavior and the legal system

UNDERSTANDING the nuances of human behavior across many different facets of society has long been the core focus of the MGH's Department of Psychiatry. The Center for Law, Brain & Behavior (CLBB) is one example of this cross-disciplinary endeavor, as it is devoted to understanding human behavior in the context of the legal system. Since 2009, the CLBB has worked to advance an interdisciplinary research and training program that ensures appropriate applications of psychiatric and neurological diagnosis in the courtroom. Recently, the Federal Judicial Center – the education and implementation arm for the Federal Judiciary – chose the CLBB to be the principal site for its national pretrial diversion conference. Judith Edersheim, JD, MD, co-founder and co-director of the CLBB, explains the importance of this selection and the ongoing work and advancements of the CLBB.

EDERSHEIM

WOULD YOU SAY THAT THE INTERSECTION OF PSYCHIATRY AND THE JUDICIARY IS AN EMERGING FIELD OF STUDY?

Nationally, there are teams of prosecutors, defense attorneys, pretrial specialists and judges trying to divert offenders into therapeutically informed pretrial tracks. These teams seek to address treatable issues with their defendants before they go to trial in order to improve their outcome, decrease unwarranted prison time and enhance public safety before a formal trial. This practice has gained traction as the nation has become aware that many offenses are fueled by addiction, mental illness and deprived social contexts that combine to make rehabilitation seem insurmountable.

WHAT ROLE DO PSYCHIATRIC INSIGHTS PLAY IN TODAY'S LEGAL PROCEEDINGS?

Insights into the neuroscience (and fallibility) of memory have reshaped how courts treat eyewitness identifications of defendants – a process which, before these reforms, was fraught with problems of bias and inaccuracy. Recent advances in understanding the impact of poverty, violence and traumatic experience on the developing brain in childhood and adolescence is shaping both trial practice and legislative priorities, as we shift resources in order to prevent and remediate the effects on young children and interrupt self-perpetuating cycles of violence.

DO YOU THINK PSYCHIATRY SHOULD HAVE A GREATER ROLE IN THE COURT SYSTEM?

Psychiatry has always partnered with the courts in order to ensure that the system adheres to its highest moral and Constitutional principles – namely, that those who are too ill to participate, too confused to understand or too dangerous to be released are identified and treated accordingly. Whether the issue is an occult dementia, addiction or another psychiatric disorder, clinicians have assisted in identifying and remediating the impact of these disorders across criminal and civil contexts.

Clinicians, including those at the CLBB, are also helping legislatures, agencies and industries design programs to help protect cognitively impaired and psychologically vulnerable elders from predatory practices. Programs like the one we conducted with the FJC will provide a roadmap for expansion nationally, as we bring new ideas for how to interrupt the school-to-prison pipeline that is fueling mass incarceration.

Youth scholars learn lifesaving techniques

LIFESAVING LESSONS: Two MGH Youth Scholars practice hands-only CPR with MGH Cardiac Cath Lab nurse director Sharon McKenna, RN, during Sudden Cardiac Arrest Awareness Month. Hands-only CPR is now considered as effective as mouth-to-mouth CPR in the first few minutes of a collapse from cardiac arrest. Students also had the chance to learn about careers in Cardiology during the Oct. 26 event, organized by Conor Barrett, MD, clinical director of the Cardiac Arrhythmia Service.

Making every pint count

THE MGH BLOOD DONOR CENTER recognized 66 MGHers who donated four or more times this past year at a donor appreciation breakfast on Nov. 1. Two employees honored as the top platelet and whole blood donors noted they give as often as they can and see it as something they can easily do to help patients. Andrew Sogolow, senior Human Resources Business Partner – the top platelet donor – and Catherine Schiavo-White, of the Department of Orthopaedics – the top whole blood donor – received special recognition.

"Thanks to all of you who have donated faithfully throughout the year," said Christopher Stowell, MD, medical director of the Blood Transfusion Service. "It is a great thing that you do and it is appreciated by our patients. You really are the backbone of our program." ■

DYNAMIC DONORS: Employees received a certificate and insulated water bottle in appreciation of their numerous donations.

Award encourages the next generation of development professionals

FOR 29 YEARS, Jim Thompson, former vice president of MGH Development, mentored young development professionals while he worked with hospital donors to secure millions in funding. Today, MGH fundraisers are benefiting from an endowment fund established in his honor.

The James E. Thompson Professional Philanthropy Development Fund was endowed through the support of colleagues and friends of the hospital to honor Thompson's passion for encouraging up-and-coming fundraising professionals to develop their skills and knowledge. The fund will give aspiring Development staff members the opportunity to participate in a regional or national conference, workshop, course or educational opportunity in the field of philanthropy.

The inaugural awardees, announced by Thompson – who retired from the MGH in July 2015 – are Lydia Biloskirka-Conley, Christina Ferraiolo and Laura Henry, all of Development.

"The MGH Development office has always been an inspiring and nurturing professional environment," said Henry. "I'm thrilled to have this opportunity to contribute back to the office and institution by incorporating new information and skills into my work in development."

From left: Thompson; Ferraiolo; Biloskirka-Conley; Henry; and Nicholson

Brit Nicholson, MD, senior vice president of Development, hosted a lunch for Thompson and the recipients in October. Their names will be engraved on a new plaque on display in the Development Office's Frank P. Soldo, III Conference Room. ■

Scared silly celebrations

CANDY AND COSTUMES: Superheroes and spiders roamed the halls of the Yawkey building on Halloween this year. Patients who receive treatment at the Pediatric Hematology-Oncology Clinic and Francis H. Burr Proton Therapy Center participated in the annual trick-or-treating parade, which had more than 30 stops where they collected treats and toys in handmade pillowcases. Children – like Liam Stark, 3, dressed as the Mad Hatter – donned colorful costumes and were greeted by many MGH staff members who also were outfitted for the event.

— *Disability champions*

(Continued from page 1)

care plan would need to be developed and gathered all the necessary resources to do this. They also identified potential triggers and warning signs of distress for this patient."

In addition to the compassionate care offered to the patient, Sargent noted, the nurses shared their experience with peers, helping their colleagues learn how to best meet the needs of this patient population.

Cynthia LaSala, RN, stated in her nomination how Murphy and Harden went out of their way to care for another patient and his family member. "The patient's mother was unable to be present with her son during his hospitalization as much as she wanted, which was very emotionally stressful for her," wrote LaSala. "Ms. Murphy would frequently FaceTime her and utilize photos or short video clips to demonstrate the patient's progress. Ms. Murphy and Ms. Harden established a strong bond of trust and mutual respect with [the patient] and his mom."

At the award ceremony the Employee Disability Resource Group recognized all nominees: Rebecca Coburn, of Police and Security; Leonard DeBenedictus, of the Employee Assistance Program; Susan Doyle, of Nutrition and Food Services, Brennan Srisirikul, of Parking and Commuter Services; Kristen Sullivan, of Allergy Associates; Timothy Wilens, MD, of Psychiatry; and Janet Wozniak, MD, of Psychiatry. Each nominee was presented with a certificate.

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Walter Guralnick: Looking back on 100 years

MONUMENTAL MILESTONE
Guralnick honored for 65 of years of service at the MGH, at the annual Ether Day celebration, left; Guralnick with a patient in the 1970s, right.

THE YEAR WAS 1916.

The Boston Red Sox won the World Series for the second year in a row. The summer Olympics, to be held in Berlin, Germany, were cancelled due to the outbreak of World War I. Woodrow Wilson was re-elected for a second term as president of the United States. The first woman was elected to the U.S. House of Representatives. Norman Rockwell's first cover was published on the *Saturday Evening Post.* The cost of a stamp was 2 cents. Albert Einstein published "The Foundation of the Generalised Theory of Relativity." And Walter Guralnick, DMD, now chief emeritus of the MGH Department of Oral and Maxillofacial Surgery (OMFS), was born.

The year is 2016. At the age of 100, after a century of world progress and personal achievements, Guralnick still remains an active member of the MGH, where he has worked for 65 years. He comes to work four days a week aiding Maria Troulis, DDS, MD, chief of OMFS, with her role as program director, with integration of the residency in the curriculum and fundraising.

EARLY LIFE, MILITARY SERVICE AND ARRIVAL AT THE MGH

Guralnick, a native Bostonian who grew up in East Boston and Roxbury, comes from a medical family. His father was a pediatrician and older brother was a general surgeon. After graduating from Boston Latin School, he graduated from the University of Massachusetts at Amherst and then earned his doctor of dental medicine in 1941 from Harvard School of Dental Medicine (HSDM).

During his residency in oral surgery at Boston City Hospital, Pearl Harbor was bombed. "I can remember it very vividly," says Guralnick. "I was up in my room when all of a sudden the radio announced what had happened. And I knew – although wars in general are a horror and one shouldn't seek them out – I knew that I was going to go into service and I wanted to go into service, because, as they said, this was our war."

He finished his year of residency and married his wife Betty on Jan. 1, 1942 before reporting for duty. He was assigned to an air base in North Carolina and then to the Seventh General Hospital, where he was stationed in England, France and Belgium.

"We arrived in England on Dec. 15, 1943, the day that my son, Peter, was born. So I didn't get to see him until he was about 25 or 26 months old," says Guralnick. "When I got home, I knew what I wanted to do. I knew I was going to do oral surgery. There weren't that many oral surgeons in Boston at that time."

After the war, Guralnick set up a private practice in Boston, then joined the staff of the MGH in 1951 where he served as chief of OMFS from 1966-1983. For the next 10 years he was the medical director of the MGH operating rooms, while continuing to see patients on a consulting basis well into his 80s.

"I am retired from active surgery, that's true," says Guralnick, "but I am not retired from participating in the activities of the service and the hospital, working with the faculty and residents and students."

(Continued on page 2)

— *Guralnick*

(Continued from page 1)

A PIONEER IN DENTAL INSURANCE

"In the 1950s-1960s, it was very apparent that there was no sort of insurance for dental care, so a lot of people couldn't get care because they couldn't afford it on their own," says Guralnick. He sought to change that by lobbying for oral surgery insurance coverage.

With the help of a few other area oral surgeons who argued that more patients would come in for procedures if they had insurance, Guralnick fought for nearly a decade to get a bill through the state legislature. In 1966, the bill was passed and paved the way for the formation of the Dental Service Corporation of Massachusetts, which later became known as Delta Dental in 1980. Guralnick served as Delta Dental's president for 10 years.

Guralnick, right, on the cover of the home-lithographed newsletter of the base where he was stationed in WWII.

A NEW KIND OF OMFS PROGRAM

Although Guralnick never had a medical degree, he always believed strongly in its importance. He credits his war experience and apprenticeships with his father and brother with providing him a broader understanding of surgery, but says it was still not one that a formal education could offer.

"One of the things that I had started early on was asking the chief of medicine or the chief of surgery if my residents could rotate on their service for a period of three months, and I thought that was educationally very important. But that was just a taste," says Guralnick. "I had always felt very strongly that you needed to do some general surgery to be adept at any kind of surgery you did. And to do general surgery, you needed to have finished the training of a physician and have a medical degree. And it wasn't just the degree. It was the education that went with getting the medical degree."

Initially, HSDM offered a two-year program – and students with five or more years of experience could finish in just one year. In 1972, with Guralnick's proposal, it was changed to a six-year program offering residents both a medical degree and an OMFS residency. Guralnick's program was the first of its kind and today more than half of oral surgery degrees follow a similar structure.

WORLDWIDE AND LIFELONG INFLUENCES

In addition to his leadership at the MGH, Guralnick has traveled to China more than 15 times giving lectures about topics in dentistry and oral surgery. He worked with colleagues in China and with the Chinese Ministry of Health to improve preventative dental care.

Among his accomplishments and countless other accolades, Guralnick was elected to the Royal College of Surgeons in England and into membership of the Institute of Medicine of the National Academy of Sciences, both in 1996. He received the Harvard Medal in 2005 and in 2009 received the Arnold K. Maislen Award at New York University and the Gavel Prize of the Forsyth Institute. There also is an endowed professorship named for him at HSDM – the Walter C. Guralnick Professor of Oral and Maxillofacial Surgery.

Throughout the past 100 years – the span of a single continuing lifetime for Walter Guralnick – the field of oral surgery has grown by leaps and bounds – from focusing only on extractions, prosthetics and cavity filling to preventative care, dental practice, research and more extensive surgery to the face, jaw and teeth. And Guralnick has made his mark on the field's history, contributing more than his share of advances.

"In life you do what you think is important to you and is hopefully useful to others. I've had a long, fairly productive life. It's been interesting," says Guralnick. "My affection for this hospital and for the people here is very real. And I think that I am treated here so graciously by everybody, making this a very pleasant place for me to continue to be." ■

Honoring and saluting MG

NOV. 11 IS A DAY to pause and reflect to honor the men a women who have served the United States in uniform. The community celebrates veterans from generations past, welc new generation returning from war and thanks future vete serving home and abroad.

To honor the many veterans here at the MGH, here are photos from members of the MGH's Military Veteran Partn a group of veterans and non-veterans dedicated and comm serving and supporting MGH's active duty, reserve, former and service member employees, as well as their families an veteran community.

VETERANS DAY MESSAGES OF THANKS FROM MGH STA

"Thank you for your service to our country."

"I would like to honor Thelma Matthews at MGH Danvers our country as a Marine. It is because of women like you, greatest nation. You are an inspiration to all of us! Thank your service."

"We cannot imagine what you sacrificed during your servic remain forever grateful, and we will not forget."

Mark Price, MD, Orthopaedic Surgery – U.S. Navy – 2007-current

Joseph Scanlan, Buildin and Grounds – U.S. Navy 1971-1975

Jonathan Paolino, MD, Pediatric resident – U.S. Army – 4 years

Rebecca Coburn, CPP, CHPA, right, senior manager, Security Satellites – U.S. Air Force – 4 years

veterans for service and sacrifice

"In today's fast-paced world, it's easy to forget that our busy lives would not be possible were it not for the men and women who have fought to preserve the safety and security of the United States. On Veterans Day, let us all pause and reflect upon the sacrifices and contributions from our veterans and active duty members of our armed forces. Thank you all."

"Appreciation is an understatement. Thank you to all our veterans who give up their lives to serve this country!"

"For David R. King, MD, LTC, MC, U.S. Army, Joint Special Operations Command: To a hero who fights not only on the battlefield for our entire country but also in the operating room for our loved ones right here at home and an awesome person to work for. I appreciate your sacrifices, your dedication to your skills and your desire to share your knowledge and save more lives beyond your immediate reach. I thank you so very much."

"Thanks to John Brennan from the Emergency Department's finance team and all other veterans for your dedication and service to our country."

"Thank you to every woman and man who has served in our armed forces and have protected us and our country from harm's way. Your sacrifice is truly appreciated and I am humbled by your courage."

"Thanks to all who served, and a special thank you to the Vietnam veterans, who were treated so badly when they got home and not given the appreciation and respect they deserved for their service."

"To all of the men and women who have worked and fought for, and who are currently working and fighting for our freedom, a few words could not ever express my gratitude and pride for you, the United States military and armed forces and all of your continuous efforts. We enjoy the greatest freedoms and rights on earth because of your absolute dedication, resilience and sacrifice. I thank you all for giving your all every single day. I wish you everlasting peace and honor for your duty to this country and to humanity around the world. Your labors do not go in vain."

"Thank you to every service member, veteran and military family member for your dedication and for your sacrifice. A special thank you to our outstanding team of veteran outreach coordinators at Home Base, a Red Sox Foundation and MGH Program that – after answering the call in the armed services – continues to serve as community leaders, raising awareness of veterans' issues and serving as conduits to clinical care for other veterans. Thank you for your invaluable contributions to our nation and to Home Base."

ela Wynder, RN, BSN, ACM, left, MGH Case Management – Army Reserves – 1995-2003

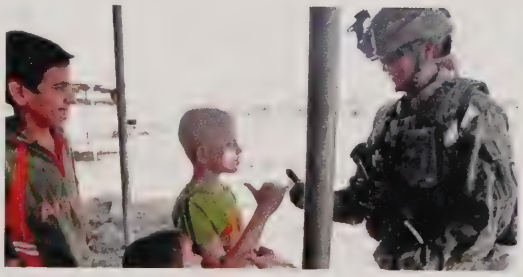
Blaze Montelo, center, Security Officer – Army National Guard – 8 Years

Darbie Kurashima, RN, MSN, right, MGH Case Management – U.S. Navy – 3 years

Robert (TJ) Severino, Buildings and Grounds – U.S. Army – 1994-2002

n Andrew-Kasper, RN – Navy – 15 years

Tony Forgione, Surgery Technologist – U.S. Navy – 1969-1973



Bethany Marullo, administrative fellow – U.S. Army – 2004-current

Robert Sheridan, MD, Department of Surgery – U.S. Army – 22 years

Richard Ehrlichman, MD, Plastic and Reconstructive Surgery – U.S. Army – 8 years

cy Balch, Sr., attending rmacist, ED – U.S. Army – 3-1992

Helene Feist, Development Systems manager – U.S. Coast Guard – 5 years

Harry W. Orf, PhD, senior vice president for Research – U.S. Army Reserve – 33 years

Armand K. Hunter, veterans outreach coordinator – Army National Guard – 2001-current

Supplies to benefit storm-ravaged hospital in Haiti

MEN ANPIL, CHAY PA LOU.

It is one of the most common proverbs in Haiti and loosely translated into English means, "with many hands, the work is light." It is a phrase that Harold Roy, of MGH Police and Security, says comes to mind often when he sees the continued support the MGH and area communities provide to the Haitian people.

Most recently – in the aftermath of the devastation caused by Hurricane Matthew – a donation drive was hosted in Somerville, gathering items including hand sanitizers, bandages, non-perishable goods, hydrogen peroxide and first aid kits. In addition, Jamie Harisiades, RN, of the MGH Cardiovascular Research Center, Jacky Nally, RN, of Emergency Preparedness, and Gary Mulrey and Felix Mojica of Materials Management, teamed up with a number of other MGH departments to spearhead supply drives at the hospital. The items were packed into freight containers by members of Buildings and Grounds and Materials Management and shipped to The Aquin Hospital earlier this month.

Roy, whose extended family lives in Haiti, has been an active and ardent supporter of providing much-needed relief to the impoverished nation, which has been hit by a number of earthquakes and hurricanes in recent years.

"The MGH is the heart of the support," Roy says. "It's been wonderful – it's really a blessing to see people come together and provide help where it is so desperately needed."

Rehabilitation medicine in Haiti

Rachel Lampros, PT, DPT, SCS, of the Sports Medicine Center in the MGH Department of Orthopaedics, was awarded the Durant Fellowship to work with STAND Haiti, which provides care in Port de Paix, Haiti. Here Lampros shares her first-hand experience during Hurricane Matthew.

AT 7 AM, the air in Port de Paix is heavy and still. It is already 82 degrees and humid. As clinicians walk through the entrance of the clinic, they are greeted with a sea of somber faces, both young and old. We see babies crying while mothers combat mounting fevers, fragile fathers – too weak to walk – carried in their sons' arms and children bent in spastic postures on the ground. Many have travelled days to be treated. Many haven't eaten in days to afford the travel.

Haiti is the poorest country in the western hemisphere, where 80 percent of Haitians live below the poverty line and 54 percent live in abject poverty. There is no public health infrastructure, making access to basic health care impossible for the majority. Half of the children in Haiti are unvaccinated and more than 10 percent die before the age of 5. Mothers provide two numbers when asked how many children they have: how many born, and how many living.

This October, I embarked on my third trip to Haiti to work in a small home repurposed as a rehab clinic. We provide multiple services including general medicine, orthopedics, pediatrics, neurology, women's health, wound care and prosthetics. We sleep, eat and treat in the community. Our presence is tangible. This marked my first trip as a Durant Fellow, revitalizing my purpose and polishing my practice. Unbeknownst to me, Hurricane Matthew would craft a different narrative.

When we arrived early Saturday morning, Matthew was still a tropical storm warning. Our team anticipated some rain, road closures and flooding; a recipe for inconvenient travel days at worst. Located in the northwest region of Haiti, our clinic boasts "beachfront property," a coveted luxury during oppressive days but a dangerous site before a storm surge.

As Matthew manifested into a Category 4 hurricane, we were shocked to learn many of our neighbors were unaware of the storm's imminent arrival. Unlike in the United States where we were inundated with the latest satellite imagery on Matthew's trajectory, there was little to no awareness that we were on the threshold of possible disaster.

Despite closing the clinic for the day, we were swarmed with patients seeking medical attention. We triaged the patients that required emergent care and sent the remainder home emphasizing the severity of the storm. Projected winds of 145 mph and 25 inches of rain meant our neighbors living in tin sheds and tents could literally be swept away. The forecast was devastating.

After Matthew decimated the southern peninsula, it took a hard westward turn away from our clinic. We sustained little to no damage and minimal surge. Our community was spared and our clinic reopened. It is the "disease of poverty" that has chronically enveloped this struggling nation. The lack of indigenous resources, integrated resource management and emergency medical response magnifies the impact of natural disasters and facilitates the spread of illness. In the wake of Hurricane Matthew, this devastated country will become even more vulnerable to disease outbreaks and less equipped to manage its long-term sequelae. ■

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MGH Chelsea patient turns 100

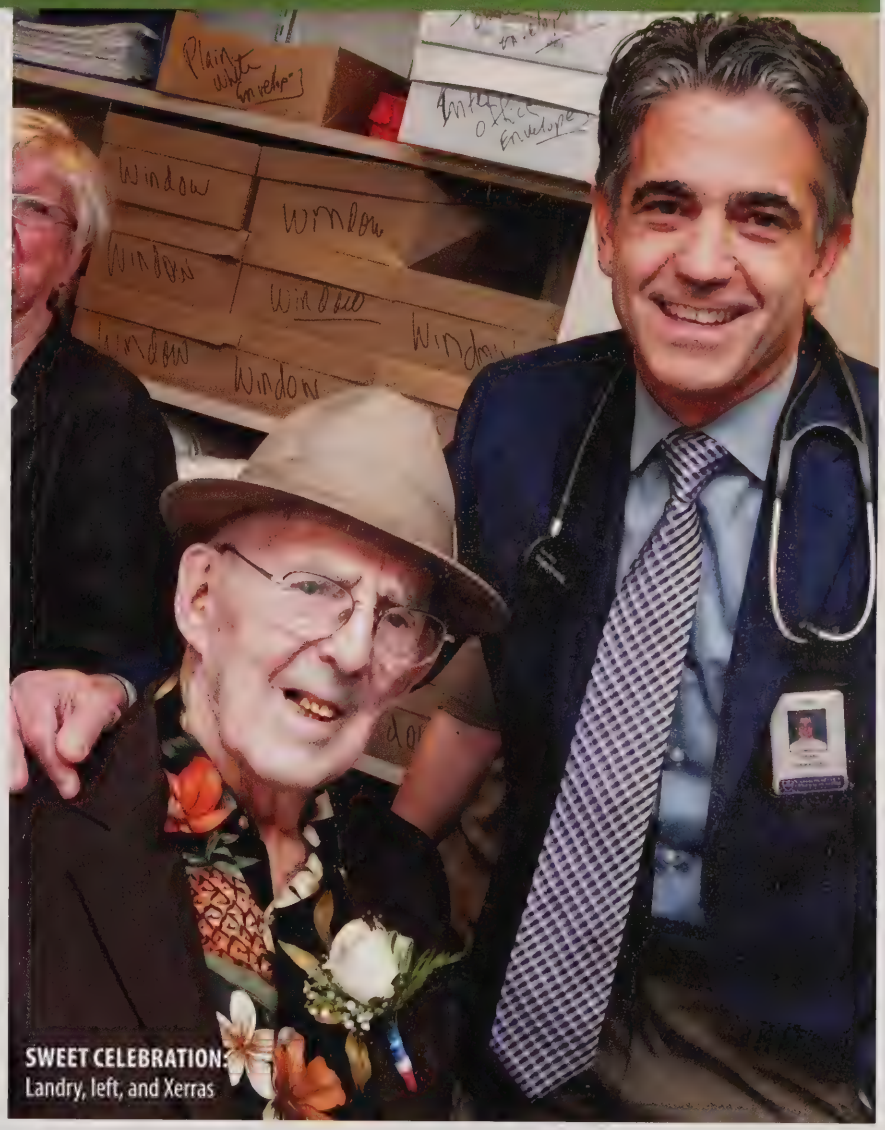
EATING SOME HONEY every day is the secret to a long, healthy life.

So says Ernest Landry, an MGH Chelsea HealthCare Center patient, who celebrated his 100th birthday during a special ceremony Nov. 11, surrounded by family and staff members. Dean Xerras, MD, medical director of Chelsea HealthCare, had the idea to mark the monumental milestone a few months ago during Landry's last appointment. He spoke with members of Landry's family – including Christine Landry, RN, of the MGH Emergency Department – and the plan blossomed.

Landry broke into a wide smile when the door to the conference room opened and he was greeted with applause, camera flashes, balloons and a festively decorated table complete with cake and ice cream. Three of his five children were in attendance, along with other family members, including a few of his 13 grandchildren, a 2-year-old great-granddaughter and Margaret, his wife of 65 years.

"You have a clean bill of health and can withstand a surprise like this," Xerras said. "We've been talking about this for a couple of years – getting your 100th birthday check-up with me. We're very happy to have you here and it's been a real pleasure of mine to take care of you for the past 10 years."

(Continued on page 2)



SWEET CELEBRATION: Landry, left, and Xerras

SERVICE AND SACRIFICE: Jarostchuk, Angela Wynder, RN, MVP co-founder and president, Temple and Walsh

Honor. Respect. Remember.

"I SWEAR I THOUGHT we had landed on Mars," said Richard Ehrlichman, MD, of his first impression of Afghanistan upon glimpsing it from the air. On Nov. 11, Ehrlichman, of MGH Plastic and Reconstructive Surgery and a colonel in the U.S. Army Medical Corps, shared his experiences of military service at the annual MGH Veterans Appreciation Breakfast at the Paul S. Russell, MD Museum of Medical History and Innovation.

Ehrlichman recently returned from deployment in Afghanistan, where he worked in a local hospital providing medical care. "Something very different for me was learning the basic medicine there," said Ehrlichman. "I was treating things I'd never heard of and never seen. But the Army has a great system for training. I probably learned more medicine when I was there than any other time in my life."

He shared his experiences about learning local medical practices, treating injuries and wounds – mostly burns – and helping many children. Ehrlichman also

(Continued on page 4)

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

WHEN IT COMES TO HEART ATTACKS, STUDY INDICATES THAT DNA IS NOT DESTINY

It is well known that following a healthy lifestyle – not smoking, maintaining a healthy weight, eating a balanced diet and getting regular exercise – can reduce the risk of heart attack. But what about people who have inherited genetic factors that have been shown to increase heart attack risk?

A new research study led by MGH investigators has found that, even among those at high genetic risk, following a healthy lifestyle can reduce the chances of a heart attack by 50 percent. The team analyzed genetic and clinical data from more than 55,000 participants who have enrolled in four large-scale, long-term research studies.

For those at the highest genetic risk of a heart attack, researchers found that following a healthy lifestyle – defined as not smoking, exercising once a week, eating healthy and maintaining a body mass index of less than 30 – reduced their risk of having a heart attack from 11 to 5 percent over a 20-year period.

"The basic message of our study is that DNA is not destiny," says Sekar Kathiresan, MD, director of the Center for Human Genetic Research at the MGH and lead author of the study. "Many individuals – both physicians and members of the general public – have looked on genetic risk as unavoidable, but for heart attack that does not appear to be the case."

NEW SCENT TEST COULD BETTER PREDICT ONSET OF ALZHEIMER'S DISEASE

If you are wondering about your risk of developing Alzheimer's disease, the answer may be found right under your nose.

An MGH research team has developed a series of four tests designed to measure early indications of Alzheimer's disease based on an individual's ability to recognize, remember and distinguish among odors.

The 30-minute scent test was given to 183 people between 60 and 80 years old – some with mild cognitive impairment or possible Alzheimer's disease – and of those, about 20 percent showed signs of olfactory deficiencies.

Genetic and imaging testing revealed that that these same individuals had other deficiencies that have been linked to the illness, including thinning of certain brain structures and carrying a gene variant associated with increased risk of Alzheimer's disease.

While Alzheimer's disease is known to affect brain structures involved in odor perception, previous tests have not been effective screening tools since the natural ability to identify and distinguish among scents varies greatly among individuals.

The new test developed by Mark Albers, MD, PhD, of the Center for Alzheimer's Research, takes a four-part approach that includes odor identification, emotional association, memory and differentiation.

For example in one test, participants were presented with a series of 10 odors – menthol, clove, leather, strawberry, lilac, pineapple, smoke, soap, grape or lemon. They were asked if they could recognize the scent and if they could identify it from a list of four options.

In a subsequent test, the participants were presented with 20 odors, 10 of which were repeats from the first test and 10 that were new. The participants were not only asked to identify each odor but also to recall if it was included in the first test.

It is estimated that there is a 10-year gap between the start of Alzheimer's disease in the brain and the first outward manifestation of symptoms. If researchers can better identify individuals in the very early stages of the disease, they may be able to develop therapies that will slow or halt its progression. ■

Boogying in blue

DANCING FOR DIABETES AWARENESS: Members of the MGH Chronic Disease Special Interest Group and Performance Analysis and Improvement Unit showed off their dance moves Nov. 14 in a flash mob to recognize World Diabetes Day. This year's theme was "A Global Epidemic," and the 20 dance participants dressed in blue to raise awareness about diabetes. The group also hosted an information table outside of the Maxwell and Eleanor Blum Patient and Family Learning Center providing information about adult and pediatric diabetes and nutrition, as well as the latest technology to help manage diabetes. Participants received prizes for playing Food Pyramid Bingo, Jeopardy, Wheel of Fortune and crossword puzzles.

— *Chelsea patient turns 100*

(Continued from page 1)

Fittingly, Landry's birthday falls on Veterans Day. Born in Canada, he served in the Royal Canadian Air Force during World War II, before moving to the United States. "This is so exciting, humbling and uplifting," Xerras said. "Overall he's a really healthy 100-year-old man and we're thrilled to be able to celebrate with him."

His family said Landry, who worked as a carpenter up until five years ago, also walked on a treadmill every day until he turned 97 and remains quite active today. Good genes, a little bit of luck, family and love are key parts of his life and the reasons he has lived this long, his daughters said.

"I never thought I would see the day," Margaret said of the centennial celebration. "We've had a wonderful life and a wonderful marriage and I guess that's what counts."

That – and a quarter cup of honey added to his coffee each day.

"That's why he's so sweet," Margaret said. ■

Finding comfort and support after loss

"LOSING A CHILD is an ongoing traumatic experience," shared one grieving parent. "I walk with stones under my feet – at times they are sharp and hurt, other times they are gentle." This was just one of the many messages heard at the 25th annual MassGeneral Hospital for Children Pediatric, Neonatal and Obstetric Memorial Service held Nov. 6. The service is dedicated to MGH families who have experienced the death of a child, from infancy through adolescence, including miscarriage or stillbirth. Many families and staff return yearly to participate in the event, and families have an opportunity to share a personal poem or story, which also are published in a brochure given out on arrival.

MGH pediatric specialists Jeanne MacDonald, MD, and Manuella Lahoud-Rahme, MD, spoke at the service of their own experiences of losing patients. "We fight for your children to heal. When we can't, we do everything to comfort them," they said.

Nancy Leventhal, LICSW, moderated the service, reminding attendees that "We are a community of caregivers, here to honor your childrens' lives." Parents, families and friends were invited to participate in a naming ceremony and were given donated pewter hearts, red roses and daffodil bulbs to plant in memory of their children. Each family held a tea light, shared a moment of silence and read together the prayer, *We Remember Them*. Many families hung decorated fabric memorials to be placed in a 2016 memorial scrapbook.

COMMUNITY OF CAREGIVERS: The Comfort and Support after Loss Committee

Following the service, a reception was held in the East Garden Room. Families had the chance to reconnect with their children's providers and meet other families experiencing similar grief. "Parents overwhelmingly appreciate the annual service because it allows them a sacred space to share their loss with other families who understand," says Leventhal. ■

Welcome additions to Volunteer Services

EVERY WEDNESDAY morning, Ben Majewski slips on the MGH Volunteer Service's signature pink jacket and pushes the book cart through patient units, dropping off reading materials and offering a warm and friendly greeting. Majewski – who already is known to many in the MGH community for his role as the resource specialist in the MGH Down Syndrome Program – is now one of the department's newest volunteers thanks to a new effort aimed at championing the potential of adults with disabilities within the hospital community.

"The connection between the MGH Down Syndrome Program and MGH Volunteer Services began as a dream about seeing adults with Down syndrome walking in the hospital corridors proudly wearing the pink jackets so long synonymous with making a difference in the lives of patients, families and the community," said Jessica McCannon, MD, of the Pulmonary and Critical Care Unit, who teamed up with Helen Weiner, LICSW, advocacy advisor of the MGH Down Syndrome Program, to bring the idea to fruition. "We had a vision of welcoming people with disabilities to contribute in a meaningful and visible way in the hospital."

The pair worked closely with Jackie Nolan, director of Volunteer Services, who helped establish new systems to meet the specific needs of individuals with Down syndrome, including a way to help prepare them for their interviews and pairing each with a seasoned volunteer. "Jackie has worked tirelessly to make this opportunity a reality and a raging success, and has been incredibly accommodating," Weiner said. "Her commitment has validated the vision of full potential and all that is possible for someone who has an intellectual disability."

Last month, Volunteer Services also welcomed Ned Reichenbach, who also has been making the rounds on book cart duty with his mentor, Joe Fuchs. "Ned brings a wonderful sense of humor, an ease with people and a determination and dedication to his volunteer position," Weiner said. "Our MGH family is enriched through the efforts of both Ned and Ben."

NOVEL APPROACH: Top: Reichenbach, left, with mentor Joe Fuchs; Bottom: Majewski, right, with mentor Janene Davis

— Veterans

(Continued from page 1)

spoke about the bond shared with fellow soldiers and about missions to provide medical supplies to clinics and hospitals across the country as part of Operation Outreach Afghanistan. "The greatest thing we can give people is our medical expertise and equipment," he said. "It really is an incredible brotherhood – you trust each other with your lives."

The breakfast also featured the presentation of the inaugural Steve Temple Scholarship from the MGH Military Veterans Partners (MVP). Temple, a Vietnam veteran who recently retired from the MGH after 28 years as a carpenter in Buildings and Grounds, helped form the MVP two years ago, to support employee veterans, family members and friends. The scholarship recognizes Temple's important contributions and is given to a veteran-connected or active service member employee who pursues education and/or career advancement in the trade arts. The inaugural recipient was Joe Walsh, a plumber for Buildings and Grounds.

"There are two kinds of people in this world," said Ilia Jarostchuk, former linebacker for the New England Patriots who helped present the scholarship, "and I can tell that all those in this room are the 'what can I do for you?' type. This recipient, and all of you, know the sacrifice and responsibility to care for other veterans."

All MGH employees who have served in the military or have an immediate family member who has served were welcome at the annual breakfast, hosted by MVP and Human Resources.

Honoring commitment to diversity and inclusion

ADVANCING CAREERS: Five MGHers were honored with this year's Faculty Development Awards, given by the Center for Diversity and Inclusion. The awardees are, from left, David Perez, MD, MMSc, Departments of Neurology and Psychiatry; Nwamaka Eneanya, MD, MPH, Department of Medicine; Shadi Kourosh, MD, MPH, director of Community Health for the Department of Dermatology; Yakeel Quiroz, PhD, Department of Psychiatry, and (not pictured) Josanna Rodriguez-Lopez, MD, of the Department of Medicine. Rodriguez-Lopez and Kourosh were each awarded Clinician-Teacher Development Awards, while Perez, Eneanya and Quiroz received Physician/Scientist Development Awards. This program increases opportunities for MGHers who are underrepresented in medicine and who are committed to diversity, inclusion and equity, to advance to senior positions in academic medicine and leadership at the MGH.

A favorite festival

HAPPY HOLIDAY: On Nov. 2, the MGH community celebrated Diwali, also known as the "festival of lights," which is observed by Hindus, Jains, Buddhists and Sikhs. Diwali is the largest and one of the most important holidays in India, and is celebrated by people of all faiths around the world. "As part of our mission, we celebrate diversity and welcome all backgrounds to our community so we can educate, learn and inspire all to be better citizens of the world. That is one of the reasons that makes us an outstanding organization," said Eric Jaukkuri, special events assistant in MGH Human Resources, which hosted the celebration.

CHANGE IN *HOTLINE* SCHEDULE

MGH Hotline will not publish Nov. 25 because of the Thanksgiving holiday. The regular publication schedule will resume Dec. 2.

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Knitting for newborns

THE JOY OF GIVING: Tiny daisies, Tonka trucks and assorted other buttons adorn an array of handmade, knitted sweaters donated to newborn babies at the MGH by Ruth Buchanan, who has received her care at the hospital for many years. During the past five years when Buchanan comes to see her primary care physician, she also visits her case manager Wendy Atamian, RN, and brings her 5 to 10 newly knitted sweaters and hats, of all different colors and designs. Baby Amalia, pictured here, dons one such creation – just one of the more than 100 knitted goods Buchanan has generously donated so far. They are given to Joan Lovett, RN, and Monica Beato-Hanson, of MGH case management, who tuck the cozy outfits away for preemies, families in need, teen moms and babies from other countries. "We are very careful about who these lovingly made knits go to," Lovett says. As for her part, Buchanan says she wants to give back to the hospital that has done so much for her.

fMRI: 25 years later

IN THE EARLY 1990S, researchers at the Athinoula A. Martinos Center for Biomedical Imaging at the MGH – then called the MGH-NMR Center – showed the world how imaging could reveal how the brain functions. A quarter of a century later, the community is gearing up to commemorate those researchers and the 25th anniversary of the introduction of functional Magnetic Resonance Imaging (fMRI).

The groundbreaking technique was described in a seminal 1991 *Science* paper and a 1992 paper in *Proceedings of the National Academy of Sciences*, both by Martinos Center investigators. The *Science* paper made the cover of the journal, as seen above.

"If you wiggle your hand, the part of your brain that controls your hand will light up on the images," says Bruce Rosen, MD, PhD, director of the Martinos Center. "If you're looking at a picture of someone you know, the parts of your brain involved in retrieving memories will light up."

Today, fMRI is used in several different domains, including the world of presurgical planning. Neurosurgeons use functional imaging to see not only brain tumors, but also the normal functioning parts of the brain. The fMRI can serve as a roadmap for a surgeon to note crucial parts of the brain that should be avoided. Neurologists use fMRI for patients

(Continued on page 4)

WINTER H

FOOD TIPS FOR BOOSTING YOUR IMMUNE SYSTEM

EMILY GELSOMIN, RD, LDN, clinical nutrition specialist, says eating certain foods can help keep the immune system healthy when the temperature drops. As a registered dietitian, she provides medical nutrition therapy on an outpatient basis and works extensively with Be Fit, the hospital's employee wellness program. Here are some of her tips for staying well:

HOW CAN YOU BOOST YOUR IMMUNE SYSTEM WHEN IT GETS COLD?

Vitamin C is sometimes suggested to fight a case of the sniffles. But for most of us, supplementation does not reduce the incidence or duration of the common cold and we can usually meet our requirement by consuming a varied diet. Vitamin C is found in citrus fruits, kiwi, broccoli, Brussels sprouts, peppers and potatoes.

Vitamin A and zinc are also necessary for a healthy immune system. Vitamin A is found in leafy greens, like spinach and orange-colored fruits and vegetables (think: sweet potatoes, carrots, apricots, mango, pumpkin and cantaloupe). Zinc is found in whole grains, like oats, and healthy proteins, such as nuts and seafood.

MGH
ChooseWell EatWell
Here is what they recommend:
• Focus on fruits and vegetables
• Choose whole grains
• Go lean with protein
• Stay within your calorie needs and limit unhealthy fats
It's simple! Foods are labeled:
Choose Often
These items meet the recommendations
Choose Less Often
These items are high in calories or unhealthy fats
There's A Better Choice
These items are highest in calories and unhealthy fats
GOAL: Choose or

KEEP YOUR HEART HEALTHY WITH WINTER VEGETABLES

A variety of local winter vegetables can help keep your heart healthy. Take, for instance, yellow, orange and red-pigmented squashes like the apricot-tinted butternut squash or the flame-colored kuri variety. These colors indicate the presence of carotenoids, which may help reduce cardiovascular disease risk.

Cruciferous vegetables are cold-weather hardy and include broccoli, Brussels sprouts, cabbage, cauliflower, kale, radishes, turnips, and greens like watercress and arugula. This class of vegetables is also rich in carotenoids, as well as vitamin C, vitamin K and folate and are a good source of fiber, meaning cardiac benefits are only the beginning of their protective attributes.

Eating more fruits and vegetables in general can lower your risk of heart disease. These plants contain potassium, which helps your heart beat. For most people, the gold standard for fruit and vegetable intake is to aim to eat at least four cups a day, but increasing your intake at even a lower level will have benefits.

IS LACK OF SLEEP DOOMING YOUR DIET?

DO YOU FIND it's especially difficult resisting chocolate chip cookies after a few sleepless nights? It's not all in your head. In fact, a lack of sleep may be more serious than you think. Gelsomin shares how skimping on sleep can make it harder to be healthy and lose weight.

SIDE EFFECTS OF NOT GETTING ENOUGH SLEEP

How much is enough? Most adults need seven to nine hours of shut-eye per night. Consistently getting fewer than six hours of sleep per night may put you at risk for the following health-related complications:

- Increased risk of developing diabetes, heart disease and obesity
- Decreased muscle mass
- Increased ability to store fat
- Increased cravings for high-carbohydrate and high-calorie foods

TIPS TO IMPROVE THE QUALITY OF YOUR SLEEP

Avoid eating at least two hours before bed. This will help you feel more comfortable and will reduce symptoms of heartburn.

- Get up and go to bed around the same time each day.
- Limit or avoid doing activities other than sleeping in bed, such as surfing the web and eating.
- Don't exercise right before bed. This revs up your body and can make it harder to fall asleep.
- Avoid caffeine or consume it earlier in the day. It takes six to 10 hours to eliminate caffeine from the body.
- Limit alcohol consumption.

HOW HORMONES ARE AFFECTED BY SLEEP

Leptin: Leptin is a hormone that signals your brain when you've had enough to eat. When you don't get substantial sleep, the level of leptin in your body decreases. Low levels of leptin may decrease how full you feel after meals.

Ghrelin: Ghrelin is a hormone that is involved in stimulating appetite. A lack of adequate sleep makes ghrelin levels rise, which increases your appetite and may cause your calorie intake to increase throughout the day.

ALTH TIPS

MAKING EXERCISE A HABIT

WHEN EXERCISE is a habit, it can help manage stress, improve mood, control blood pressure and lower the risk of heart disease, diabetes and some cancers. It also helps keep joints and muscles working as they age. The trick is how to make it a habit rather than a once-in-a-while occurrence, says Mike Bento, head personal trainer at The Clubs at Charles River Park. Bento recommends the following tips to make exercise part of your life:

- ***Set a goal.*** Make it something you are very confident you can do, like taking a 20-minute walk every day. Taking on more than you are confident you can achieve is setting yourself up for failure.
- ***Keep an exercise journal.*** Write your goal in a journal and keep track of your weekly progress. Your notes will help you identify and overcome challenges, and show your success and progress too.
- ***Ask for help.*** The people in your life can be a tremendous source of support. You may find a friend, spouse, sibling, co-worker or neighbor who is happy to join you in making exercise a habit.
- ***Believe you can succeed.*** Be patient with yourself and stay focused on the rewards that come with your new habit. For most people, it will probably take between two and eight months to establish a new habit.
- ***Allow yourself time.*** Don't forget that you are doing something good for yourself that nobody else can do for you.
- ***Be ready for obstacles.*** When you do hit an obstacle – like a change in work schedule or getting derailed at busy times of the year – don't panic or beat yourself up.
- ***Stay positive.*** Making exercise a habit is not easy and it will not happen overnight. Trust the process you set out for yourself and know it is a matter of time before you start reaping the rewards of your new habit.

EW YEAR'S DAY WORKOUT

ou're cooped up indoors, your favorite health club is closed and you're ıst itching to get in some physical activity. But how?

- Glute Bridge – 10-15 reps
- Pushups – as many as you can do in good form
- Bodyweight Squat – 10-15 reps. Lower for a count of three on each repetition and push back up quickly.
- Plank – As many reps as you can do (up to 10), holding each rep for 5 seconds.
- Repeat the series as many times as you can in 10 minutes.
- If you still have more energy to burn, throw in 30 seconds of jumping jacks for three to four sets.

DEALING WITH STRESS

THE HOLIDAY SEASON can be a stressful time, and many patients report an uptick in stress-related health concerns, says Darshan Mehta, MD, MPH, medical director of the Benson-Henry Institute for Mind Body Medicine at the MGH. Holidays can serve as a reminder of lost loved ones or pose a challenging financial situation. Mehta offers the following four mechanisms to de-stress:

- ***Self-care.*** Take a few moments every day for stress reduction utilizing mind body practices such as meditation, deep breathing, yoga or Tai Chi.
- ***Engage in enjoyable activities.*** Make time for physical activities such as working out, taking a walk or hiking in nature. The holidays make it easy to be indoors because of the cold weather, so the more opportunities you find to go outside, the more you're able to de-stress.
- ***Be socially connected.*** It seems simple, but spending time with friends and loved ones can be a great source of stress relief, as you're more likely to laugh and feel emotionally connected to those around you. It also helps to reach out to those who might feel lonely this time of year, creating a flow of positive social impact.
- ***Volunteer.*** We feel best about ourselves when we are helping others, and what better time of the year than the holidays? This is also a great time to start new traditions by recognizing that individuals can make a difference by giving back in small ways.

"Combating stress is about cultivating a physiology of resilience," says Mehta. "Whenever we take the time to break the train of everyday thinking – to evoke the Relaxation Response – we can reduce our stress levels and improve our overall health and well-being. That's why this is an especially important time of year to take time daily to meditate, practice yoga or tai chi, engage in deep breathing or practice gratitude, because we need to train ourselves to reduce stress." ■

Celebrating Patient Safety Stars

AS PART OF THE MGH's commitment to quality and safety, *Hotline* has featured each of the 50 Patient Safety Stars throughout the year, highlighting their standout nominations.

Luisa Garces, patient escort
Garces is known for her ability to put patients at ease and is a champion of best practices. When she noticed another patient escort attempting to move a patient without a nurse present, she quickly intervened and took her colleague into the hallway. She explained that this was a safety risk as the patient was very frail. Her swift action and willingness to speak up avoided a risk to a patient.

Marie McCarthy, Operating Room surgical technician
McCarthy has meticulous attention to detail and a clear commitment to speaking up for safety. In response to identifying possible vulnerabilities in the procedure for processing specimens in interventional pulmonology, McCarthy designed a system that has become a model at the MGH. She has been asked to educate peer technicians and pulmonary fellows in the system, which allows for efficient and accurate specimen processing and helps avoid errors.

Joseph Nucci, radiation therapist at Danvers Radiation Oncology
Nucci is known for his calm, confident demeanor and his willingness to speak up for safety. Nucci raised a particular concern with his supervisor and together they were able to uncover a system design flaw. "Without hesitation, because of Joe's continuing concern for patient safety, I would let him deliver radiation treatments to myself, family members or friends," said his nominator.

Diana Titus, RN, of the Pediatric Intensive Care Unit
As part of Titus's practice, she reviews her patients' medications and plans of care with an eagle eye. She came onto her shift and saw immediately that one of her patient's antibiotics had been discontinued. Because she knew the patient was supposed to continue the antibiotics for several more doses, she investigated and found the medication had been discontinued because of the way the order had been written. She immediately clarified with the physician in charge and the medication was reordered. She also insisted the order be written in a manner that would prevent it from being misread.

Dawn Williamson, NP, of the Emergency Department
Williamson has a tireless dedication to the safety and security of patients with substance abuse. Her work within the hospital and community has lead to the development of several programs to keep these patients safe. A recent collaboration with an ED attending on the Non-Restraint Protocol for Patients at Risk of Unintentional Injury resulted in a 52 percent reduction in the number of intoxicated patients that left without completing treatment – now sustained over the last year.

— *fMRI*

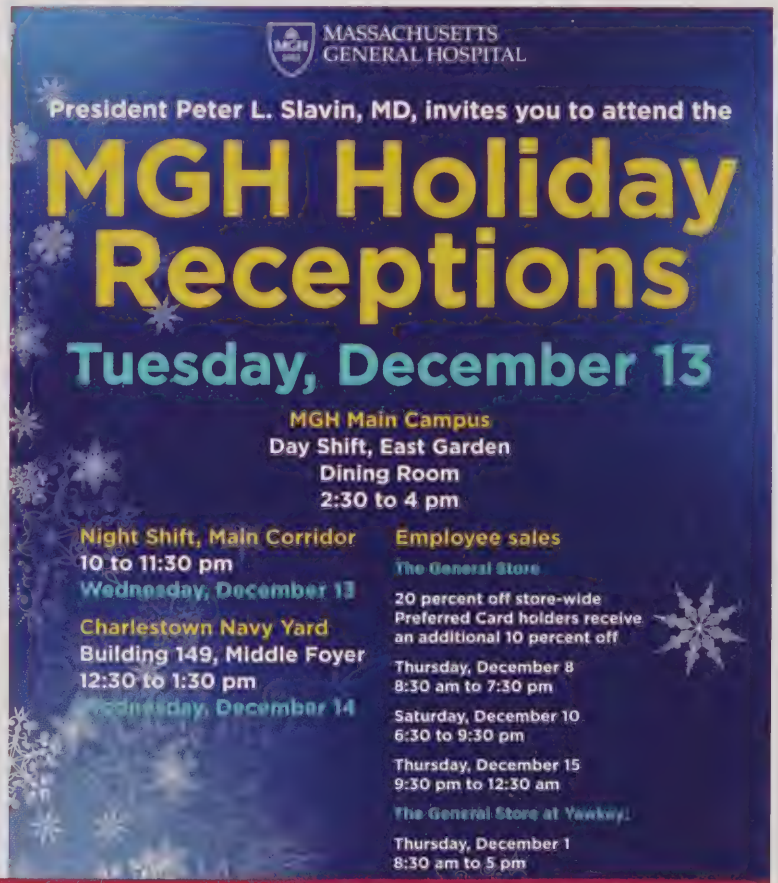
(continued from page 1)

with Alzheimer's disease and Parkinson's disease to see where the degenerative process has taken place. It is in psychiatric disease, however, that fMRI has its greatest use, Rosen says.

"Psychiatric diseases are not typically characterized by abnormalities of the anatomy of the brain, yet we know the brain is not working properly," he says. "MGH researchers are using the tools of functional imaging to understand the abnormalities and why the brain isn't functioning properly for people who have post-traumatic stress disorder, obsessive-compulsive disorder and schizophrenia, among others. fMRI allows us to study the brain while it's working to understand how different treatments allow function to return, preserve or enhance function."

In honor of this milestone anniversary, Rosen and fellow researchers from the Martinos Center will host an fMRI25 Symposium and Reception Dec. 6 at Harvard Medical School. The program will feature a number of fMRI pioneers and will touch upon ways researchers hope to advance fMRI and discover ways to treat neurodegenerative and mental diseases. They will also discuss how this tool is affecting other aspects of the broader society, including the law and emerging study of neuroethics.

"fMRI has become the most important tool for people who study neurological diseases to see which treatments are most effective," says Rosen. "This is a chance to see and think about not only how far we've come, but how much there is left to do. Despite our advances, there's so much about the brain we don't know. It's humbling that 25 years later, while we've learned a lot, there's a lot left to be learned." ■


MASSACHUSETTS GENERAL HOSPITAL
President Peter L. Slavin, MD, invites you to attend the
MGH Holiday Receptions
Tuesday, December 13
MGH Main Campus
Day Shift, East Garden Dining Room
2:30 to 4 pm
Night Shift, Main Corridor
10 to 11:30 pm
Wednesday, December 13
Charlestown Navy Yard
Building 149, Middle Foyer
12:30 to 1:30 pm
Employee sales
The General Store
20 percent off store-wide
Preferred Card holders receive an additional 10 percent off
Thursday, December 8
8:30 am to 7:30 pm
Saturday, December 10
6:30 to 9:30 pm
Thursday, December 15
9:30 pm to 12:30 am
The General Store at Yawkey
Thursday, December 1
8:30 am to 5 pm

MASSACHUSETTS GENERAL HOSPITAL
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A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

SHARED HISTORY: Royal Canadian Mounted Police with, from left, McNeil, Walsh and Savage

99-year tradition celebrates survival, resilience and courage

ON DEC. 1, leaders from Nova Scotia joined Boston and MGH officials at the Paul S. Russell, MD Museum of Medical History and Innovation to honor the 99th anniversary of the Halifax Explosion and unveil a campaign for next year's commemoration called "100 Years, 100 Stories." The event coincided with Nova Scotia's annual gift of a Christmas tree to the city of Boston, a beloved tradition since the 1970s.

"From the time Halifax sent Boston the first Christmas tree as a gift of appreciation for our help many years ago, we have shared this tradition that commemorates the holidays and the season of giving," said Boston Mayor Martin Walsh. "From that time, a bond has grown through generations that we celebrate every year with the gift of this Christmas tree along with the joy of the holidays that we share with our friends from Nova Scotia."

On Dec. 6, 1917, the French cargo ship Mont Blanc, laden with

(Continued on page 4)

Improving care for transgender patients

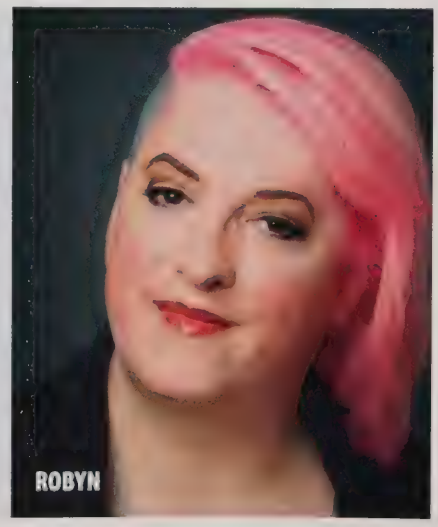
WRENE ROBYN, a software engineer in MGH Cardiology, was still in high school in 1987 when she began her journey as a transgender woman. For years,her path was marked by roadblocks, including she says, abandonment by family and friends, sexual assault, safety concerns, money troubles and a suicide attempt. During an early visit to a California lesbian and gay organization, she sought help from the program director about homelessness issues, only to be turned away.

Fast forward almost 30 years, and Robyn is now directing an effort at the MGH to develop a "center of excellence" for the care of transgender patients and their loved ones.

"It's really a holistic approach," says Robyn. "It's not just the transgender person we'd like to medically treat from pediatrics through geriatrics. It's also about offering care and support services to partners and families, patient navigators for issues like name changes, research and so much more."

On Nov. 30, Robyn shared some of her ideas with MGHers – including an audience of Cardiology staff

(Continued on page 3)



ROBYN

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

THIS SUGAR SUBSTITUTE MAY NOT BE SO SWEET AFTER ALL

Did you make the switch to artificial sweeteners, but still have trouble taking off the pounds?

Researchers at the MGH may have identified a reason why the artificial sweetener aspartame could actually be an obstacle to weight loss.

In a new study, the team demonstrated that an amino acid produced as a byproduct of aspartame digestion blocks the functioning of a digestive enzyme shown to prevent obesity.

In a series of experiments, the team demonstrated the activity of this enzyme was reduced when it was added to a solution containing aspartame, but not when added to a solution with sugar.

In a second experiment, the team showed mice on a high-fat diet who received aspartame in their drinking water gained more weight than mice that were fed a similar diet but drank only water.

More research is now needed to confirm the results in humans and to identify any other mechanisms that might contribute to the weight gain.

Richard Hodin, MD, of the MGH Department of Surgery, is the study's senior author.

BLOOD TEST MAY NOT ACCURATELY MEASURE INTESTINAL HEALING IN PEDIATRIC CELIAC DISEASE

In a new finding, researchers from the MassGeneral Hospital for Children (MGHfC) and Boston Children's Hospital found that 20 percent of children with celiac disease still show intestinal damage even after strict adherence to a gluten-free diet.

The study examined 103 children with celiac disease who had been on gluten-free diets for a year and had been determined to comply well with the dietary restrictions. Biopsies revealed that approximately 20 percent of these patients continued to show intestinal damage, even though they reported feeling better and no longer had blood test results indicating celiac disease.

Findings from this study have already been translated into clinical practice at MGHfC, where most pediatric patients age 10 and older will now be tested with both endoscopy and a blood test after a year on a gluten-free diet. The previous guidelines called for endoscopy only at diagnosis, with subsequent monitoring by blood test after a year.

Although the long-term risks for children with persistent intestinal damage are not clear, such damage in adults has been linked to an increased risk of lymphoma (a cancer that affects the immune system), low bone density and more frequent bone fractures.

Maureen Leonard, MD, MSSc, and Alessio Fasano, MD, of the Center for Celiac Research and Treatment, led the study. ■

Translational and Clinical Research Center opens

FOLLOWING THE CUTTING of a ceremonial blue ribbon and an enthusiastic round of applause, the doors to the new MGH Translational and Clinical Research Center (TCRC) officially opened Nov. 30. Staff were treated to welcoming remarks from unit and senior leadership teams as well as tours of the 18-bed facility located in the White Building.

"This is a very exciting day for all of us," said Mason W. Freeman, MD, director of the Translational Research Center. "I believe that the most exciting things in medicine are going to happen in this facility, in those beds, in the next 10 to 15 years."

The unit was created to conduct early-stage clinical trials of new medicines, diagnostics and therapeutic devices to improve patient care. Freeman said the TCRC will work closely with investigators and academic and industry partners, with an end goal of improving therapies in a more cost-effective and timely manner. "We are setting the scene for a culture shift where medicine and academia are working together in a way that they've never done before," Freeman said. "As a result, we are giving hope to patients with rare diseases – hope where it has not been before."

During the ceremony, David M. Nathan, MD, director of the Clinical Research Center, praised the hospital, its leadership throughout the past several decades and the Department of Medicine for providing "absolutely unwavering support" to the group during all aspects of the planning and development phases. "It really has been extraordinary," he said. "So many have worked tirelessly on this vision, and to see it come to fruition has been amazing."

Maurizio Fava, MD, director of the Division of Clinical Research, said the hospital's strategic plan was key to moving the project forward, thanks to the emphasis on addressing challenges like the shrinking and shifting of federal research funding, as well as the focus on pursuing deeper engagements with industry and strengthening support for these important research initiatives.

Throughout the ceremony, speakers noted the new unit would not be possible without the hard work and dedication of many departments, disciplines and staff throughout the hospital.

RESEARCH ADVANCEMENT: From left, Freeman, Fava, Hall, Slavin and Nathan

"We are so happy to have this unit after years of planning," said Kathy Hall, NP, TCRC nurse director. "This was made possible by the time, energy and passion of the staff who really stepped up. We are very blessed and fortunate to work with such an incredible group of colleagues."

Neurology Department honors John Stakes, MD

THE MGH NEUROLOGY DEPARTMENT has its very own Wizard of Oz.

That wizard's real name is John Stakes, MD, co-founder of the MGH Sleep Division and the Sleep Lab. Stakes was given the nickname by his friends and colleagues at the MGH because "He basically knows everything," says Matt Bianchi, MD, chief of the Sleep Division.

Stakes is knowledgeable about all facets of Neurology – as well as most things in life, according to those with whom he worked. In honor of Stakes and his contributions to the MGH, the Neurology Department hosted a Symposium on Sleep Medicine, on Dec. 6. Stakes recently retired due to health issues.

The symposium featured a speaking program covering a variety of topics, including the history of several areas of the field: Sleep medicine, sleep apnea, insomnia, restless leg syndrome and parasomnias. The symposium wrapped up with remarks from Stakes' friends and colleagues.

"John knows just about all of neurology," said Lee Schwamm, MD, executive vice chairman of Neurology. "You can go to him with a question pretty much about anything – inpatient, outpatient, sleep – whatever you could think of."

Many have said Stakes is a cut above the rest. He is distinguished for his level of knowledge, but Stakes also is beloved throughout the hospital because of his kindness, generosity, unwavering work ethic and special ability to put others at ease.

"John's inclusiveness of all aspects – whether it be psychological, neurological or medical – really is the best of this interdisciplinary field of sleep medicine," said John Winkelman, MD, PhD, chief of the MGH Sleep Disorders Clinical Research Program. "That's the idea of sleep medicine: You are not an 'ologist of this, an 'ologist of that. When we have a patient with a sleep problem, we approach it from many different perspectives. John taught us that and allowed us to be ourselves in this field."

Stakes earned his medical degree at Weill Cornell Medical College of Cornell University in 1980 and completed his residency and fellowship at the MGH shortly thereafter. He also worked at Nantucket Cottage Hospital and Winchester Hospital, but spent most of his career at the MGH.

STAKES

Among his many friends and colleagues at the symposium was Brit Nicholson, MD, senior vice president of Development and former chief medical officer who worked with Stakes for 38 years.

"As a clinician, as a colleague, as a representative of the hospital, the work that you have done to support so many other programs in addition to your work in Development, you have left an imprint on this hospital," said Nicholson. "This is a debt that none of us can repay. I am so privileged and proud to have worked with you as a colleague and moreover, to be able to call you a friend."

— Transgender patients

(Continued from page 1)

members and Human Resources representatives – during a presentation and question-and-answer session in the O'Keeffe Auditorium.

Inspired by a similar transgender care model at Penn Medicine, Robyn says she has developed a proposal that now has the backing of several MGH departments – including Cardiology.

"Wrene's talk was educational and moving. I can only imagine how difficult this journey has been for her and I deeply appreciate her courage in sharing her story," says Tony Rosenzweig, MD, chief of the MGH Cardiology Division. "Learning from her experiences will help us deliver better, more compassionate and sensitive care to all our patients."

The proposal comes amid other recent changes at the MGH and organizations across Partners HealthCare aimed at reducing health disparities facing lesbian, gay, bisexual and transgender populations. An addition to Partners eCare includes three questions to capture sexual orientation and gender identity (SOGI) information as a voluntary part of a clinical visit.

Embedded within the social history portion of Epic, the section asks:

- What is the patient's sexual orientation?
- What was the patient's assigned sex at birth?
- What is the patient's gender identity now?

The questions now appear in all clinical visits for patients ages 10 and older.

While Robyn says she considers this to be progress, she says she also would like to see better education for staff hospitalwide and the SOGI information recorded at the start of a visit, when the medical record is first pulled up. "That's the time when most missteps are made," she says. "Targeted questions on a person's preferred pronouns and reassurance that the MGH is an inclusive institution can help mitigate the trauma so many of us feel when visiting a doctor or hospital."

Robyn describes her outlook as "cautiously optimistic" and says she hopes her proposal will bring all measures on transgender care under one umbrella. "Ultimately, I'd like to create a resource that anyone at the MGH can call upon 24 hours a day, seven days a week." ■

What people are saying

ALONG WITH SHARING news, events and information of the hospital, MGH Twitter and Facebook accounts help keep our patients, staff and community connected. Here are a few things people have said recently on Facebook. To follow the MGH on Twitter, visit *http://twitter.com/massgeneralnews*. To "like" the MGH on Facebook, visit *www.facebook.com/massgeneral*.

Eileen B:
Saved my husband's life. Best staff, nurses and doctors on the planet.

Ellen A:
Has been my favorite hospital since my daughter had very serious issues followed by open heart surgery when she was 8 - 9 years old – the best.

Sandra B:
Saved my eyesight when I was a kid!

Anita B:
I am on their heart transplant list. They have been amazing to me and my family.

Antoinette B:
I was there in December for surgery. What a great place. Great surgeon and great care. Outstanding. Every nurse I had was the best.

Doreen D:
Can't beat their transplant team!

Debbie F:
Saved both of my parents within 7 weeks of each other ...

Christina D:
The knowledge that this place has been second to none in health care. I'm blessed we have such fabulous hospitals within our reach.

Julie M:
I love the MGH. My doctors there are in my opinion the best in the world. A big shout out to how kind and brilliant they have been with me!

Richard J:
I suffered for five years and went through several Rheumatologists. Then I went to MGH and a Rheumatologist, six years out of medical school, has me on the road to recovery.

Carol T:
Excellent facility. Their technology is number one! Doctors expertise and class in making you feel like you're their only patient is remarkable! I would highly recommend this hospital to all. Thank you Dr. Smith and Dr. McDonald for taking excellent care I'm my daughter.

Ashley S:
I love the MGH! My 2-year-old daughter would not be here today if it was not for you.

John R:
Two thumbs up ... best place on earth as far as a hospital is concerned ...

Rick O:
Gave me my life back 4 years ago. I can NEVER thank them enough. ■

Help name the new MGH intranet

CALLING ALL MGHERS! We need your help, your creativity and your brainstorming prowess in coming up with a name for our new MGH intranet. Public Affairs is in the process of developing the new site, which is slated to launch in early 2017. Please send your submissions to: *hotline@partners.org*. Deadline is Dec. 21. A panel of judges, comprised of MGH staff, will review submissions from staff members and the winner will walk away with bragging rights for naming this important new employee resource, as well as a signed football from New England Patriot Julian Edelman.

— *99-year tradition*

(Continued from page 1)

explosives, collided with the Belgian relief vessel Imo in Halifax Harbour causing the largest manmade explosion prior to the atomic bomb. The blast killed 2,000 people and left thousands more injured and/or homeless. Within hours, Massachusetts responded. Doctors, nurses and relief workers from across Boston took care of the wounded, and helped the people of Halifax get back on their feet.

"The Halifax Explosion forever changed our people and our city," said Halifax Regional Municipality Mayor Mike Savage. "Out of tragedy came hundreds of stories of bravery, strength and perseverance. We want to tell those stories so our generation and generations to come understand how this moment in history has helped shape who we are today."

The "100 Years, 100 Stories" campaign will include televised historic vignettes, billboards and social media promotions. "Thanks to the generosity of your forefathers, the Halifax Explosion is part of the shared history between the people of Boston and the people of Nova Scotia," said the Premier of Nova Scotia, the Honourable Stephen McNeil. "Boston's caring response in Halifax's time of need is one of the stories of friendship, survival, resilience and courage that we will celebrate and share next year."

During the ceremony, McNeil also presented Walsh with two gifts – a handcrafted Nova Scotia crystal and an ornament from a Mi'kmaw artist made out of woven ash. ■

UPCOMING *HOTLINE* EDITIONS

There are two editions of *Hotline* left in 2016. Be sure to pick up the Dec. 16 holiday edition to see photos from some of the fun and festive happenings at the MGH this holiday season. Our final special year-in-review edition will be distributed Dec. 28, and will include highlights from the 2016 year at the MGH and the 2017 fold-out calendar with a list of MGH holidays.

The first edition for 2017 year will be distributed on Jan. 13.

MASSACHUSETTS GENERAL HOSPITAL

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12.16.16

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Reindeer games

HIS GENERAL APPEARANCE: Obese, elderly, unkempt beard, dressed all in fur from head to toe. Jolly. His eyes: twinkling. Abdomen: Protuberant. Soft. Tinkling bowel sounds. Bowlful of jelly wave. Verbal: Responds "fa-la-la" to multiple questions. Ho Ho Ho'ing with glee.

Thus were some of the initial surveys completed of a patient recently admitted to the MGH, after sustaining blunt trauma during some reindeer games in his Southern stable that got a bit too rowdy. The patient in question: Ol' Saint Nicholas.

According to the Department of Surgery residents who cared for him, one of his reindeer became aggressive during the games and kicked him, knocking him to the ground. Upon his arrival to the MGH Emergency Department, Santa Claus was disoriented – convinced that he was surfing in the Bahamas rather than strapped to a hard board in the hospital.

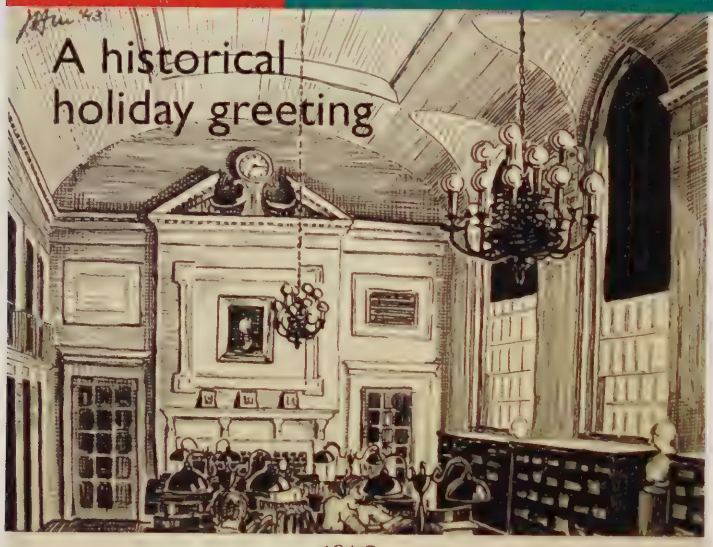
Claus was examined by the Trauma team – who identified injuries to his chest, abdomen and groin in hoof-print-shaped markings from the reindeer's kicks. He also was found to have a mistletoma in the head of his pancreas. Numerous hospital departments consulted on the jolly old man during his stay in order to provide the best possible care, including Psychiatry, Cardiology, Urology, Endocrinology and Pulmonology.

The annual admission of Santa Claus as an MGH patient dates back to the early 1950s, when a surgical resident first decided to log a humorous account of the old man's ailments. Caring for Claus has become a beloved tradition for MGH residents.

Santa is expected to make a full recovery and be cleared for flying by Christmas Eve, his busiest night of the year. ■

Happy Holidays!

A historical holiday greeting



1943

Christmas Greetings
from the
Massachusetts General Hospital
"We miss you — We are proud of you — God bless you" (W.L)

SEASON'S GREETINGS 1943: James Howard Means, MD, chairman of Medical Services at the MGH from 1923 to 1951 and accomplished watercolorist and sketcher, created this Christmas greeting signed by prominent MGH staff members and sent to all MGH staff serving in the war in 1943.

Sweet treats

ELVES AT WORK: The MGH Bakeshop was hard at work again this year, creating delightful, delicious delicacies available at hospital eateries during the holiday season. The team's festive creations include Christmas stollen, assorted Danish fruit rings, cupcakes, eggnog tea bread, gingerbread tea bread and – new this year – gingerbread sleighs full of cookies. Bakers, from left, Florentina Spinoa; Richard Moore, assistant baker; Mackenzie Laughlin; James Quirk, manager and Debra Bowes.

A holiday helping hand

SPREADING YULETIDE CHEER: Each holiday season, HAVEN (Helping Abuse and Violence End Now) staff, along with generous donations from MGH employees, provide families with gift cards to help during the holidays. The gift cards assist families with buying groceries and gifts for their family. This year, 50 departments and individuals sponsored a family and provided gift cards to more than 70 HAVEN families. Pictured, from left, Abby Farrand, Maria Guzman, Btissam Suazo, Kate Haskins and Anaceilys Sanchez, all of HAVEN.

A holly Wally Christmas

HO-HO-HOLIDAY HOME TEAM VISIT: The annual Boston Red Sox Holiday Caravan brought infielder Deven Marrero and pitchers Heath Hembree and Robby Scott, along with mascot Wally the Green Monster to MassGeneral Hospital for Children's inpatient units on Dec. 8. The team visited pediatric patients including Jean Castillo, 19, and their families. The players spread holiday cheer by posing for photographs and distributing Santa-themed Wally dolls to patients.

Preparing Santa's sleigh

SANTA'S HELPERS: MGH Revere HealthCare Center staff, from left, Grace Schierberl, Jane Lee, both parent educators in the Parents as Teachers program, and intern Shaneece Lane, help ready gifts for distribution as part of the center's annual toy drive. All of the gifts benefit MGH Revere patients and are donated by staff from MGH Revere, the MGH Division of General Internal Medicine and the MGPO. This year they collected gifts for 450 children.

Can't wait for the Great Eight

CHANUKAH HURRAH: MGHers gathered in the East Garden Room Dec. 14 for a pre-Chanukah celebration, hosted by MGH Chaplaincy and Human Resources. Dean Shapley, Emergency Medicine Chaplain, pictured above, along with Peter L. Slavin, MD, MGH president, and other members of MGH Chaplaincy helped light the menorah. Attendees also celebrated with songs, dancing dreidels and foods made with oil – doughnuts and potato pancakes.

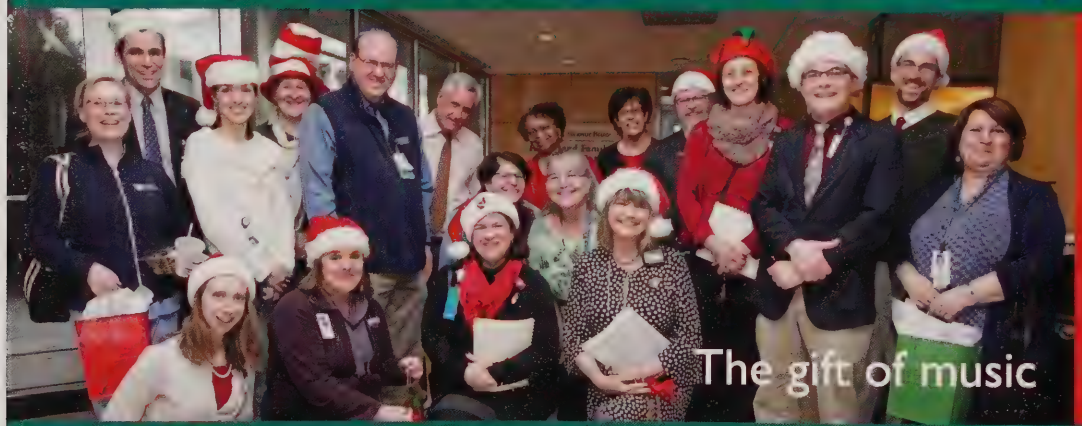
12.16.16

MGH HOTLINE

Celebrating the season

EMPLOYEES from across the MGH gathered on Dec. 13 and Dec. 14 for the annual MGH Holiday Receptions hosted by Peter L. Slavin, MD, MGH president, and Human Resources. Celebrations took place on both the main campus and at the Charlestown Navy Yard. Music, merriment, mingling and refreshments were enjoyed by all attendees.

The most wonderful time of the year



A WHITE-HALLWAY HOLIDAY: Holiday harmonies filled the White hallway Dec. 15, during MGH Chaplaincy's Annual Holiday Song Fest. MGHers were decked out in festive hats and attire to get in the holiday spirit while singing the festive tunes.

The gift of music

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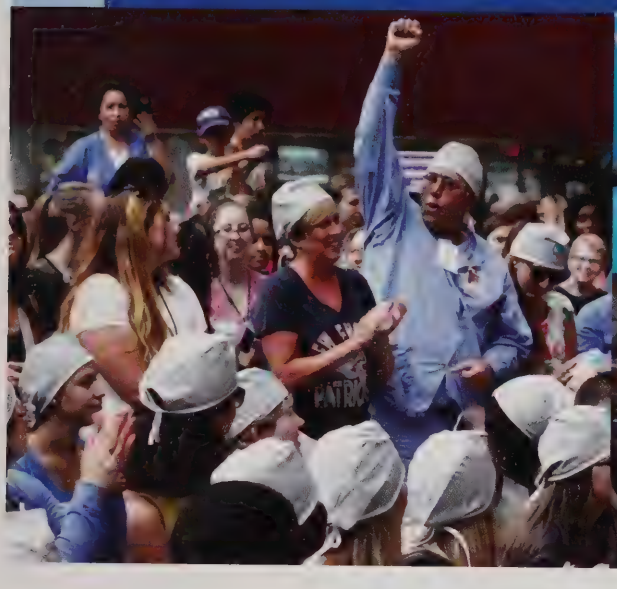
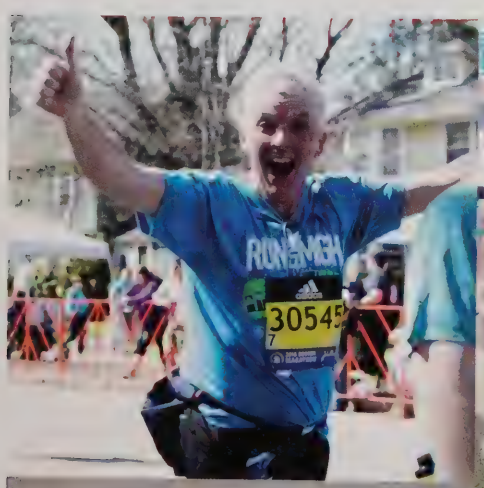


MGH scene: 2016



Patient Care

THOMAS MANNING, 64, received the nation's first penis transplant at the MGH. The genitourinary vascularized composite allograft transplant surgery was performed by a team of more than 30 staff across multiple departments and divisions within the MGH.

THE MGH WELCOMED the final phase of Partners *e*Care. The entire hospital community had a role in the implementation of the new electronic health record. Partners *e*Care improves patient care by offering a more integrated health record across all of the hospitals in the Partners HealthCare network and helps teams better coordinate and manage care. In addition, Partners *e*Care helps make registration, scheduling and billing more efficient and enables information to securely flow throughout the Partners network.

THE MGH LAUNCHED the Clinical Data Science Center, paving the way for a new approach to detecting, diagnosing and treating disease using cognitive computational algorithms such as machine learning and artificial neural networks. The center will use artificial intelligence to build systems and tools that enhance outcomes and improve efficiency.

Heather Parker, MD, with Manning

THE BOSTON POLICE DEPARTMENT honored the MGH trauma team for providing exceptional care to two police officers who were wounded in an East Boston shooting in November. Police Commissioner William Evans presented the MGH with a special "Commissioner's Commendation" recognizing the dedication and skill of the many staff members who cared for the officers. ■

"The most valuable advice I received from MGH that helped me to stay in college and graduate was, 'Never be afraid to ask for help.' For four years, I was surrounded by great people – my parents, advisors on campus, the MGH Youth Programs staff – who all were ready to listen whenever I was unsure of myself and my ability."
— Stephanie Urvaez Mejia, Bicentennial Scholar and 2016 college graduate

Beqo and Pathan

Education

THIRTEEN MEMBERS of the inaugural class of Bicentennial Scholars graduated from college. Created by MGH President Peter L. Slavin, MD, and the MGH Board of Trustees in 2011, the initiative aims to support college completion for youth interested in health and science careers. The students – from Boston, Chelsea and Revere, most of whom were the first in their families to attend college – received up to $5,000 in annual scholarships, as well as support in the form of SAT prep courses, college visits and summer internships.

THE FIRST MGH CHAIR to advance the field of nursing was established, with Jeanette Ives Erickson, RN, DNP, senior vice president for Patient Care Services and chief nurse, honored as the inaugural incumbent. The Paul M. Erickson Endowed Chair in Nursing was created in memory and in tribute to Ives Erickson's late husband – an avid volunteer at the MGH and champion of nursing.

THE MGH CENTER FOR DISASTER MEDICINE hosted Biothreat Care Unit Planning and Training exercises, as part of the federal government's Ebola Preparedness Grant oversight efforts. The MGH one of nine designated centers in the nation for treating Ebola. As part of the training, staff outlined number of potential scenarios that could occur when encountering a patient confirmed with the Eb virus disease, reviewed processes to ensure proper procedures were followed and studied how they could be improved.

WHEN ANELSA BEQO participated in the MGH's annual Job Shadow Day in 2010 – working alongsid Firdosh Pathan, RPh, on his rounds – she realized the impact he was making was one she wanted to mirror in her work. Beqo is completing her final year at Massachusetts College of Pharmacy and Health Sciences, and recently rotated through the MGH Cardiology Division where she reconnecte with Pathan. ■

Research

RAKESH JAIN, PHD, director of the Edwin L. Steele Laboratory for Tumor Biology in the Department of Radiation Oncology, was honored at the White House with the National Medal of Science, the nation's highest honor for achievement and leadership in advancing the fields of science and technology.

A STUDY LED BY MGH investigators has found that, even among those at high genetic risk, following a healthy lifestyle can cut in half the probability of a heart attack or similar event. "The basic message of our study is that DNA is not destiny," says Sekar Kathiresan, MD, director of the Center for Human Genetic Research at the MGH, senior author of the *New England Journal of Medicine* report.

A NON-INVASIVE protocol testing the ability to recognize, remember and distinguish between odors was able to identify older individuals who – according to genetic, imaging and more detailed memory tests – were at increased risk of Alzheimer's disease. "There is increasing evidence that the neurodegeneration behind Alzheimer's disease starts at least 10 years before the onset of memory symptoms," says Mark Albers, MD, PhD, of the MGH Department of Neurology, the principal investigator and corresponding author of the *Annals of Neurology* report.

REPEAT INTRAVENOUS treatment with low doses of the anesthetic drug ketamine quickly reduced suicidal thoughts in a small group of patients with treatment-resistant depression. A team of MGH investigators – including Dawn Ionescu, MD, of the Depression Clinical and Research Program in the MGH Department of Psychiatry, lead and corresponding author of the paper – reported in the *Journal of Clinical Psychiatry* the results of their study in depressed outpatients who had been experiencing suicidal thoughts for three months or longer. ■

"I feel deeply honored and enormously pleased to receive this honor. This is beyond any expectation I ever had. This really honors my entire team – my colleagues, my collaborators and my students. It is their collective work and a journey that I have not been alone in."
— Rakesh Jain, PhD

Jain with President Obama

Community

THE MGH RECEIVED the Foster G. McGaw Prize for Excellence in Community Service, one of the most prestigious community service honors in health care. The MGH was honored for its longstanding commitment to addressing issues such as the obesity epidemic and opioid crisis, and its dedication to reducing barriers to health care, providing youth with health and science opportunities, and reducing social and economic barriers to care for vulnerable patients.

AN MGH/MGPO OPIOID TASK FORCE was formed to better respond to the state's opioid epidemic and improve patient care. The group – made up of clinicians and nonclinicians from a number of departments – created a set of institutional best practice guidelines focused on the safe and thoughtful prescribing of opioids in the setting of acute pain, and for medications issued to patients with chronic pain.

HURRICANE MATTHEW devastated areas of the Caribbean and southern United States. MGHers were deployed to Haiti with the International Medical Corps and Project Hope, and in the U.S. as part of the federal Disaster Medical Assistance Team for Massachusetts. In continued response, numerous departments teamed up with Buildings and Grounds to host supply drives for basic necessities that were shipped to The Aquin Hospital in Haiti.

BETHANY GROLEAU, RN, of Lunder 9, was the first MGH nurse to receive the Global Nursing Fellowship, and traveled to Uganda to teach a group of six nurses basic oncology nursing skills and practices, and safe chemotherapy administration. The fellowship sponsors nurses to serve in low-resource settings to promote professional nursing through education and clinical practice. ■

"Community health is in the DNA of Mass General. We were founded more than 200 years ago to care for the sick poor. Today we carry out that commitment with community partners to address social and economic determinants of health."
— Peter L. Slavin, MD, MGH president

Rachel Lampros, PT, in Haiti

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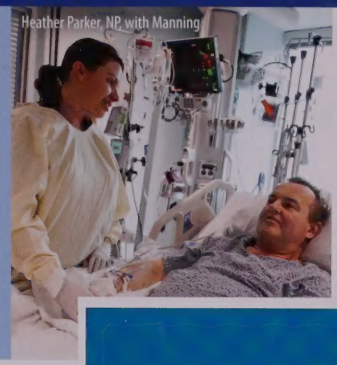
"I want to thank the extraordinary medical team here at the MGH, who helped not only make this possible, but quite literally saved my life. I would also like to sincerely thank the family of the donor, whose wonderful gift has truly given me the second chance I never thought possible. In sharing this success, it's my hope we can usher in a bright future for this type of transplantation."

— patient Thomas Manning



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A STUDY LED BY MGH investigators has found that, even among those at high genetic risk, following a healthy lifestyle can cut in half the probability of a heart attack or similar event. "The basic message of our study is that DNA is not destiny," says Sekar Kathiresan, MD, director of the Center for Human Genetic Research at the MGH, senior author of the *New England Journal of Medicine* report.

A NON-INVASIVE protocol testing the ability to recognize, remember and distinguish between odors was able to identify older individuals who – according to genetic, imaging and more detailed memory tests – were at increased risk of Alzheimer's disease. "There is increasing evidence that the neurodegeneration behind Alzheimer's disease starts at least 10 years before the onset of memory symptoms," says Mark Albers, MD, PhD, of the MGH Department of Neurology, the principal investigator and corresponding author of the *Annals of Neurology* report.

REPEAT INTRAVENOUS treatment with low doses of the anesthetic drug ketamine quickly reduced suicidal thoughts in a small group of patients with treatment-resistant depression. A team of MGH investigators – including Dawn Ionescu, MD, of the Depression Clinical and Research Program in the MGH Department of Psychiatry, lead and corresponding author of the paper – reported in the *Journal of Clinical Psychiatry* the results of their study in depressed outpatients who had been experiencing suicidal thoughts for three months or longer. ■

"I feel deeply honored and enormously pleased to receive this honor. This is beyond any expectation I ever had. This really honors my entire team – my colleagues, my collaborators and my students. It is their collective work and a journey that I have not been alone in."

— Rakesh Jain, PhD

Jain with President Obama

"The most valuable advice I received from MGH that helped me to stay in college and graduate was, 'Never be afraid to ask for help.' For four years, I was surrounded by great people – my parents, advisors on campus, the MGH Youth Programs staff – who all were ready to listen whenever I was unsure of myself and my ability."

— Stephanie Urvaez Mejia, Bicentennial Scholar and 2016 college graduate

Beqo and Pathan

Education

THIRTEEN MEMBERS of the inaugural class of Bicentennial Scholars graduated from college. Created by MGH President Peter L. Slavin, MD, and the MGH Board of Trustees in 2011, the initiative aims to support college completion for youth interested in health and science careers. The students – from Boston, Chelsea and Revere, most of whom were the first in their families to attend college – received up to $5,000 in annual scholarships, as well as support in the form of SAT prep courses, college visits and summer internships.

THE FIRST MGH CHAIR to advance the field of nursing was established, with Jeanette Ives Erickson, RN, DNP, senior vice president for Patient Care Services and chief nurse, honored as the inaugural incumbent. The Paul M. Erickson Endowed Chair in Nursing was created in memory and in tribute to Ives Erickson's late husband – an avid volunteer at the MGH and champion of nursing.

THE MGH CENTER FOR DISASTER MEDICINE hosted Biothreat Care Unit Planning and Training exercises, as part of the federal government's Ebola Preparedness Grant oversight efforts. The MGH is one of nine designated centers in the nation for treating Ebola. As part of the training, staff outlined a number of potential scenarios that could occur when encountering a patient confirmed with the Ebola virus disease, reviewed processes to ensure proper procedures were followed and studied how they could be improved.

WHEN ANELSA BEQO participated in the MGH's annual Job Shadow Day in 2010 – working alongside Firdosh Pathan, RPh, on his rounds – she realized the impact he was making was one she wanted to mirror in her work. Beqo is completing her final year at Massachusetts College of Pharmacy and Health Sciences, and recently rotated through the MGH Cardiology Division where she reconnected with Pathan. ■

Community

THE MGH RECEIVED the Foster G. McGaw Prize for Excellence in Community Service, one of the most prestigious community service honors in health care. The MGH was honored for its longstanding commitment to addressing issues such as the obesity epidemic and opioid crisis, and its dedication to reducing barriers to health care, providing youth with health and science opportunities, and reducing social and economic barriers to care for vulnerable patients.

AN MGH/MGPO OPIOID TASK FORCE was formed to better respond to the state's opioid epidemic and improve patient care. The group – made up of clinicians and nonclinicians from a number of departments – created a set of institutional best practice guidelines focused on the safe and thoughtful prescribing of opioids in the setting of acute pain, and for medications issued to patients with chronic pain.

HURRICANE MATTHEW devastated areas of the Caribbean and southern United States. MGHers were deployed to Haiti with the International Medical Corps and Project Hope, and in the U.S. as part of the federal Disaster Medical Assistance Team for Massachusetts. In continued response, numerous departments teamed up with Buildings and Grounds to host supply drives for basic necessities that were shipped to The Aquin Hospital in Haiti.

BETHANY GROLEAU, RN, of Lunder 9, was the first MGH nurse to receive the Global Nursing Fellowship, and traveled to Uganda to teach a group of six nurses basic oncology nursing skills and practices, and safe chemotherapy administration. The fellowship sponsors nurses to serve in low-resource settings to promote professional nursing through education and clinical practice. ■

"Community health is in the DNA of Mass General. We were founded more than 200 years ago to care for the sick poor. Today we carry out that commitment with community partners to address social and economic determinants of health."

— Peter L. Slavin, MD, MGH president

Rachel Lampros, PT, in Haiti

2017

JANUARY 2017

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